Address
ON
MEDICAL EDUCATION.

Delivered at the Meeting for the Distribution of Prizes held at University College, London, on May 18th, 1870.

BY PROFESSOR HUXLEY, F.R.S.

GENTLEMEN,—It has given me sincere pleasure to be here to-day, at the desire of your highly respected President and the Council of the College. In looking back upon my own past, I am sorry to say that I have found that it is a quarter of a century since I took part in those hopes and in those fears by which you have all recently been agitated, and which now are at an end. But, although so long a time has elapsed since I was moved by the same feelings, I beg leave to assure you that my sympathy both with the victors and the vanquished remains fresh—so fresh, indeed, that I could almost try to persuade myself that, after all, it cannot be so very long ago. My business during the last hour, however, has been to show that sympathy with one side only, and I assure you I have done my best to play my part heartily, and to rejoice in the success of those who have succeeded. Still I should like to remind you at the end of it all, that success on an occasion of this kind, valuable and important as it is, is in reality only putting the foot upon one rung of the ladder which leads upwards; and that the rung of a ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher. I trust that you will all regard these successes as simply reminders that your next business is, having enjoyed the success of the day, no longer to look at that success, but to look forward to the next difficulty that is to be conquered. And now, having had so much to say to the successful candidates, you must forgive me if I add that a sort of under-current of sympathy has been going on in my mind all the time for those who have not been successful, for those valiant knights who have been overthrown in your tourney, and have not made their appearance in public. I trust that, in accordance with old custom, they, wounded and bleeding, were carried off to their tents, to be carefully tended by the fairest of maidens; and in these days, when the chances are that everyone of such maidens will be a qualified practitioner, I have no doubt that all the splinters will have been carefully extracted, and that they are now physically healed. But there may remain some little fragment of moral or intellectual discouragement, and, therefore, I will take the liberty to remark that your Chairman to-day, if he occupied his proper place, would be among them. Your Chairman, in virtue of his position, and for the half hour that he occupies that position, is a person of importance, and it may be some consolation to those who have failed if I say that the quarter of a century which I have been speaking of takes me back to the time when I was up at the University of London, a candidate for honours in anatomy and physiology, and when I was exceedingly well beaten by my excellent friend, Dr. Ransom, of Nottingham. There is a person here who recollects that circumstance exceedingly well—I refer to your venerated teacher and mine, Dr. Sharpey. He was at that time one of the examiners in anatomy and physiology, and you may be quite sure that, as he was one of the examiners, there remained not the smallest doubt in my mind of the propriety of his judgment, and I accepted my defeat with the most comfortable assurance that I had thoroughly earned it. But, gentlemen, the competitor having been a worthy one, and the examination a fair one, I cannot say that I found in that circumstance anything very discouraging. I said to myself, "Never mind; what's the next thing to be done?" And I found that policy of "never-minding" and going on to the next thing to be done to be the most important of all policies in the conduct of practical life. It does not matter how many tumbles you have in this life so long as you do not get dirty when you tumble; it is only the people who have to stop to be washed and made clean who must necessarily lose the race. And I can assure you that there is the greatest practical benefit in making a few failures early in life. You learn that which is of most inestimable importance—that there are a great many people in the world who are just as clever as you are. You learn to put your trust by and by in an economy and frugality of the exercise of your powers, both moral and intellectual, and you very soon find out, if you have not found it out before, that patience and tenacity of purpose are more than worth twice their weight of cleverness. In fact, if I were to go on on this subject, I should become almost eloquent in praise of non-success; but lest so doing should make those who have succeeded feel uncomfortable, and should seem, in any way, to dim their well-earned laurels, I will turn from that topic, and ask you to accompany me in some considerations touching another subject which has a very profound interest for me, and which I think ought to have an equally profound interest for you.

I presume that the great majority of those whom I address propose to devote themselves to the profession of medicine; and I do not doubt, from the evidences of ability which have been given to-day, that I have before me a number of men who will rise to eminence in that profession, and who will exert a great and deserved influence upon its future. That in which I am interested, and about which I wish to speak, is the subject of medical education, and I venture to speak about it for the purpose, if I can, of influencing you, who may have the power of influencing the medical education of the future. You may ask by what authority do I venture, being a person not concerned in the practice of medicine, to meddle with that subject? I can only tell you it is a fact, of which a number of you I dare say are aware by experience (and I trust the experience has no painful associations), that I have been for a considerable number of years (twelve or thirteen years to the best of my recollection) one of the examiners in the University of London. You are further aware that the men who come up to the University of London are the picked men of the medical schools of London, and therefore such observations as I may have to make upon the state of knowledge of these gentlemen, if they be justified, in regard to any faults I may have to find, cannot be held to indicate defects in the capacity, or in the power of application of those gentlemen, but must be laid, more or less, to the account of the prevalent system of medical education. I will tell you what has struck me—but in speaking in this frank way, as one does always about the defects of one's friends, I must beg you to disabuse your minds of the notion that I am alluding to any particular school, or to any particular college, or to any particular person; and to believe that, if I am silent when I should be glad to speak with high praise, it is because that praise would come too close to this locality. What has struck me, then, in this long experience of the men best-instructed in physiology from the medical schools of London is, with the many and brilliant exceptions to which I have referred, taking it as a whole, and broadly, the singular unreality of their knowledge of physiology. Now I use that word "unreality" advisedly; I do not say "scanty"; on the contrary, there is plenty of it—a great deal too much of it—but it is the quality, the nature of the knowledge, which I quarrel with. I know I used to have—I don't know whether I have now, but I had once upon a time—a bad reputation among students for setting up a very high standard of acquirement, and I dare say you may think that the standard of this old examiner, who happily is now very nearly an extinct examiner, has been pitched too high. Nothing of the kind, I assure you. The defects I have noticed, and the faults I have to find, arise entirely from the circumstance that my standard is pitched too low. This is no paradox, gentlemen, but quite simply the fact. The knowledge I looked for was a real, precise, thorough, and practical knowledge of fundamentals; whereas that which the best of you, in a large proportion of cases, have had to give me was a large, extensive, and inaccurate knowledge of superstructure; and that is what I mean by saying that my demands went too low, and not too high. What I have had to complain of is that a large proportion of the gentlemen who come up for phy-

siology to the University of London do not know it as they know their anatomy, and have not been taught it as they have been taught their anatomy. Now I should not wonder at all if I heard a great many "No, noes" here; but I am not talking about University College; as I have told you before, I am talking about the average education of medical schools. What I have found, and found so much reason to lament is, that while anatomy has been taught as a science ought to be taught, as a matter of autopsy, and observation, and strict discipline, in a very large number of cases physiology has been taught as if it were a mere matter of books, and of hearsay. I declare to you, gentlemen, that I have often expected to be told, when I have asked a question about the circulation of the blood, that Professor Breitkopf is of opinion that it does circulate, but that Professor Langkopf is of opinion that it does not circulate, and that the whole thing is an open question. I assure you that I am hardly exaggerating the state of mind on matters of fundamental importance which I have found over and over again to obtain among gentlemen coming up to that picked examination of the University of London. Now I do not think that that is a desirable state of things. I cannot understand why physiology should not be taught. In fact, you have here abundant evidence that it can be taught with the same definiteness and the same precision as anatomy is taught. And you may depend upon this, that the only physiology which is to be of any good whatever in medical practice, or in its application to the study of medicine, is that physiology which a man knows of his own knowledge, just as the only anatomy which would be of any good to the surgeon is the anatomy which he knows of his own knowledge. Another peculiarity I have found in the physiology which has been current, and that is that in the minds of a great many gentlemen it has been supplanted by histology. They have learnt a great deal of histology, and they have fancied that histology and physiology are the same things. I have asked for some knowledge of the physics and the mechanics and the chemistry of the human body, and I have been met by talk about cells. I declare to you I believe it will take me two years at least of absolute rest from the business of an examiner to hear either of the words "cell," "germinal matter," or "carmine," without a sort of inward shudder.

Well, now, gentlemen, I am sure my colleagues in this examination will bear me out in saying that I have not been exaggerating the evils and defects which are current—have been current—in a large quantity of the physiological teaching the results of which come before examiners. And it becomes a very interesting question to know how all this comes about and in what way it can be remedied. How it comes about will be perfectly obvious to anyone who has considered the growth of medicine. I suppose that medicine and surgery first began by some savage, more intelligent than the rest, discovering that a certain herb was good for a certain pain, and that a certain pull, somehow or other, set a dislocated joint right. I suppose all things had their humble beginnings, and medicine and surgery were in the same condition. People who wear watches know nothing about watchmaking. A watch goes wrong and it stops; you see the owner giving it a shaking, or, if he is very bold, he opens the case, and gives the balance wheel a turn. Gentlemen, that is empirical practice, and you know what are the results upon the watch. And I should think you can divine what are the results of analogous operations upon the human body. And because men of sense very soon found that such were the effects of meddling with very complicated machinery they did not understand, I suppose the first thing, as being the easiest, was to study the nature of the works of the human watch, and the next thing was to study the way the parts worked together, and the way the watch worked. And by degrees we have had growing up our body of anatomists or knowers of the construction of the human watch, and our physiologists, who know how the machine works. And just as any sensible man who has a valuable watch does not meddle with it himself, but goes to someone who has studied watchmaking and understands what the effect of doing this or that may be; so, I suppose, the man who, having charge of that valuable machine, his own body, wants to have it kept in good order, comes to a professor of the medical art for the purpose of having it set right, believing that, by deduction from the facts of structure and from the facts of function, the physician will divine what may be the matter with his bodily watch at that particular time and what may be the best means of setting it right. If that may be taken as a just representation of the relation of the theoretical branches of medicine—what we may call the institutes of medicine, to use an old term—to the practical branches, I think it will be obvious to you that they are of most prime and fundamental importance. Whatever tends to affect their teaching thoroughly must tend to destroy and to disorganise the whole fabric of the medical art. I think every sensible man has seen this long ago; but the difficulties in the way of attaining good teaching in these different branches of the theory or institutes of medicine are very serious. It is a comparatively easy matter—pray mark that I use the word "comparatively"—it is a comparatively easy matter to learn anatomy and to teach it; it is a very difficult matter to learn physiology and teach it. It is a very difficult matter to know and to teach those branches of physics and those branches of chemistry which bear directly upon physiology; and hence it is that, as a matter of fact, the teaching of physiology, and the teaching of the physics and the teaching of chemistry which bear upon it, must necessarily be in a state of relative imperfection; and there is nothing to be grumbled at in the fact that this relative imperfection exists. But is the relative imperfection which exists only such as is necessary, or is it made worse by our practical arrangements? I believe—and if I did not so believe I should not have troubled you with these observations,—I believe it is made infinitely worse by our practical arrangements, or rather, I ought to say, our very unpractical arrangements. Some very wise man long ago said that every question in the long run was a question of finance, and there is a good deal to be said for that view. Most assuredly the question of medical teaching is, in a very large and broad sense, a question of finance. What I mean is this: that in London the arrangements of the medical schools and the number of them are such as to render it almost impossible that men who confine themselves to the teaching of the theoretical branches of the profession should be able to make their bread by that operation; and, you know, if a man cannot make his bread, he cannot teach—at least his teaching comes to a speedy end. That is a matter of physiology. Anatomy is fairly well taught because it lies in the direction of practice, and a man is all the better surgeon for being a good anatomist. It does not absolutely interfere with the pursuits of a practical surgeon if he should hold a Chair of Anatomy—though I do not for one moment say that he would not be a better teacher if he did not devote himself to practice. [Applause.] Yes, I know exactly what that cheer means, but I am keeping as carefully as possible from any sort of allusion to Professor Ellis. But the fact is, that even human anatomy has now grown to be so large a matter that it takes the whole devotion of a man's life to put the great mass of knowledge upon that subject into such a shape that it can be teachable to the mind of the ordinary student; and what the student wants in a Professor is a man who shall stand between him and the infinite diversity and variety of human knowledge, and who shall gather all that together, and extract from it that which is capable of being assimilated by the mind of the student. That function is a vast and an important one, and unless in such subjects as anatomy a man is placed wholly free from other cares, it is utterly impossible that he can perform it thoroughly and well. But if it be possible for a man to pursue anatomy without actually breaking with his profession, how is it possible for him to pursue physiology? I get every year those very elaborate reports of Henle and Meissner—volumes of, I suppose, 400 pages altogether,—and they consist merely of abstracts of the memoirs and works which have been written on Anatomy and Physiology—only abstracts of them! How in the world is a man to keep up his acquaintance with all that is doing in the physiological world—in a world advancing with enormous strides every day and every hour—if he has to be distracted with the cares of practice? You know very well it must be impracticable to do so. Our men of ability join our medical schools with an eye to the future. They take the Chairs of Anatomy or of Physiology; and by and by they leave those chairs for the more profitable pursuits into which they have drifted by professional success, and so they become clothed, and physiology is bare. The result is, that in those schools in which physiology is thus left to

the benevolence, so to speak, of those who have no time to look to it, the effect of such teaching comes out obviously, and is made manifest in what I spoke of just now—the unreality, the bookishness of the knowledge of the taught. And if this is the case in physiology, still more must it be the case in those branches of physics which are the foundation of physiology; although it may be less the case in chemistry, because, for an able chemist, a certain honourable and independent career lies in the direction of his work, and he is able, like the anatomist, to look upon what he may teach to the student as not absolutely taking him away from his bread-winning pursuits.

But it is no use grumbling about this state of things unless one is prepared to indicate some sort of practical remedy. And I believe—and I venture to make the statement because I am wholly independent of all sorts of medical schools, and may, therefore, say what I believe without being supposed to be affected by any personal interest—but I say I believe that the remedy for this state of things, for that imperfection of our theoretical knowledge which keeps down the ability of England at the present time in medical matters, is a mere matter of mechanical arrangement; that so long as you have a dozen medical schools scattered about in different parts of the metropolis, and dividing the students among them, so long, in all the smaller schools at any rate, it is impossible that any other state of things than that which I have been depicting should obtain. Men must live; to live they must occupy themselves with practice, and if they occupy themselves with practice, the pursuit of the abstract branches of the science must go to the wall. All this is a plain and obvious matter of common-sense reasoning. I believe you will never alter this state of things until, either by consent or by *force majeure*—and I should be very sorry to see the latter applied,—but until there is some new arrangement, and until all the theoretical branches of the profession, the institutes of medicine, are taught in London in not more than one or two, or at the outside three central institutions, no good will be effected. If the students of London, that large body of men, were obliged in the first place to get a knowledge of the theoretical branches of their profession in two or three central schools, there would be abundant means for maintaining able professors, and keeping them—not, indeed, for enriching them, as they would be able to enrich themselves by practice, but for enabling them to make that choice which such men are so willing to make—namely, the choice between wealth and a modest competency, when that modest competency is to be combined with a scientific career, and the means of advancing their knowledge. I do not believe that all the talking about, and tinkering of, medical education will do the slightest good until the fact is clearly recognised, that men must be thoroughly grounded in the theoretical branches of their profession, and that to this end the teaching of those theoretical branches must be confined to two or three centres. Now let me add one other word, and that is that if I were a despot, I would cut down these branches to a very considerable extent. The second thing to be done beyond that which I mentioned just now is to go back to primary education. The great step towards a thorough medical education is to insist upon the teaching of the elements of the physical sciences in all schools, so that medical students shall not go up to the medical colleges utterly ignorant of that with which they have to deal; to insist on the elements of chemistry, the elements of botany, and the elements of physics being taught in our ordinary and common schools, so that there shall be some preparation for the discipline of the medical colleges. And, that being the case, you might confine the "Institutes of Medicine" to physics as applied to physiology—to chemistry as applied to physiology—to physiology itself, and to anatomy; and I should have no other subject whatever taught as part of theoretical medical education. Afterwards, the student, thoroughly educated and grounded in these matters, might go to any hospital he pleased. The practical teaching might be made as local as you like; and you might use to advantage the opportunities afforded by all these local institutions for acquiring a knowledge of the practice of the profession. But you may say: "This is abolishing a great deal; you are getting rid of botany and zoology to begin with." I have not a doubt that they ought to be got rid of, as branches of special medical education: they ought to be put back to an earlier stage, and made branches of general education. Let me say, by way of a self-denying ordinance, for which you will, I am sure, give me credit, that I believe that comparative anatomy ought to be absolutely abolished. I say so, not without a certain fear of the Vice-Chancellor of the University of London who sits upon my left, but I do not think the charter gives him very much power over me; moreover, I shall very soon come to an end of my examinership, and therefore I am not afraid, but shall go on to say what I was going to say, and that is, that in my belief it is a downright cruelty—I have no other word for it—to require from gentlemen who are engaged in medical studies the pretence—for it is nothing else, and can be nothing else, than a pretence—of a knowledge of comparative anatomy as part of their medical curriculum. Make it part of their Arts teaching if you like, make it part of their general education if you like, make it part of their qualification for the scientific degree by all means, that is its proper place; but to require that gentlemen whose whole faculties should be bent upon the acquirement of a real knowledge of human physiology should worry themselves with getting up hearsay about the alternation of generations in the Salpæ is really monstrous. I cannot characterise it in any other way. And having sacrificed my own pursuit, I am sure I may sacrifice other people's; and I make this remark with all the more willingness because I discovered, on reading the names of your professors just now, that the Professor of Materia Medica is not here. I must confess, if I had my way, I would abolish Materia Medica* altogether. I recollect, when I was at the University of London, Dr. Pereira was the examiner, and you know that "Pereira's Materia Medica" was a book *de omnibus rebus*. I recollect my struggles with that book late at night and early in the morning (I worked very hard in those days), and I do believe that I got that book into my head somehow or other; but then I will undertake to say that I forgot it all a week afterwards. Not one trace of a knowledge of drugs had remained in my memory from that time to this; and really, as a matter of common sense, I cannot understand the arguments for obliging a medical man to know all about drugs, and where they come from. Why not make him belong to the Iron and Steel Institute, and learn something about cutlery, because he uses knives? But do not suppose that, after all these deductions, there would not be ample room for your activity. Let us count up what we have left. I suppose, at the outside, all the time that can be hoped for for medical education is about four years. That is taking the outside limit. Well, what have you in those four years upon my estimate? Physics applied to physiology; chemistry applied to physiology; physiology; anatomy; surgery; medicine; obstetrics; hygiene; and medical jurisprudence,—nine subjects for four years! And when you consider what those subjects are, and that the acquirement of anything beyond the rudiments of any one of them may tax the energies of a lifetime, I think that even those energies which you young gentlemen have been displaying for the last hour or two might be taxed to keep thoroughly up to what is wanted for your medical career; and I entertain a very strong conviction that anyone who adds to medical education one iota or tittle beyond what is absolutely necessary, is guilty of a very grave offence. Gentlemen, it will depend upon the knowledge that you happen to possess,—upon your means of applying it within your own field of action,—whether the bills of mortality of your district are increased or diminished; and that, gentlemen, is a very serious consideration indeed. And, under those circumstances, the subjects with which you have to deal being so difficult, and their extent so enormous, I could not feel my conscience easy if I did not, on such an occasion as this, raise a protest against employing your energies in any direction in which they may not be absolutely needed in your future career.

* It will, I hope, be understood that I do not include Therapeutics under this head.

OPIUM EATING.—In a late number of the "Philadelphia Medical and Surgical Reporter," Dr. Scheitzer, of Baltimore, relates the case of a lady, twenty-eight years of age, who had consumed in two years 5840 oz. of laudanum.

A NEW MECHANICAL AID TO LABOUR, AND IN THE TREATMENT OF DISPLACEMENTS OF THE UTERUS, DISTORTIONS OF THE SPINE, &c.

BY PROTHEROE SMITH, M.D., M.R.C.P.,
PHYSICIAN TO THE HOSPITAL FOR WOMEN.

DR. MATTHEWS DUNCAN, in his elaborate and valuable "Researches in Obstetrics," observes that he considers 80 lb. as the maximum amount of force employed in difficult cases of labour; and this, corresponding with the hydrostatical pressure within the uterus of 5·03 lb. per square inch, is greater than the uterine muscles alone are capable of producing.

In the *Dublin Quarterly Journal of Medical Science* for May, Professor Haughton has shown that, whilst in the first stage of labour the involuntary muscles of the uterus possess sufficient force to dilate the mouth of the womb and rupture the membranes, the voluntary abdominal muscles aid powerfully the uterine muscles to complete the second stage by expelling the fœtus; and that the available additional force of the abdominal muscles is much greater than that produced by the involuntary contractions of the womb itself. (p. 464.)

After several experiments, the following conclusions show the relative proportion of forces employed in the act of expulsion of the child at the full period of utero-gestation, that of the voluntary abdominal muscles being equivalent to a pressure of 523·65 lb., whilst that of the involuntary muscles of the womb is only 54·1 lb. "This amount of expulsive force is available, although not usually employed, to assist the uterus in completing the second stage of labour. Adding together the combined forces of the voluntary and involuntary muscles, we find there is somewhat more than a quarter of a ton" of available force:—

Involuntary muscles ...	...	54·1 lb.
Voluntary muscles ...	...	523·65 „
		577·75 lb.

Thus two great forces are engaged in accomplishing the act of parturition: one, voluntary, in the muscular parietes of the abdomen and loins; the other, involuntary, in the substance of the uterus. These forces, though distinct in themselves, yet, when acting consentaneously, combine to supply the necessary power by which the mother expels her offspring with ease and impunity. When, however, the balance of these co-operating forces is impaired or lost, the defect of the one necessarily imposes additional labour on the other. Under these circumstances the uterus becomes more liable to injuries, and therefore less capable of fulfilling its task.

In a paper read at Leeds last July, in answer to the question, "What makes the contrast between the easy and rapid childbirth of the savage state, and the painful and lingering process in civilised life?" I endeavoured to elucidate the chief reason of this difference by showing what gives the advantage to the savage. I then attempted to prove that a force exists in the one which is deficient in the other; and this is what explains, to a great extent, the dissimilarity of the two instances.

Now, one cause of the obvious defect in one of the two great forces above mentioned is known to pathologists to be an enfeebled and impaired condition of the lumbo-abdominal muscles. Post-mortem dissections reveal this in the attenuated structure which is the result of the constant pressure to which, from the period of birth, these muscles are subjected. The habit of suspending the clothes by a cincture around the waist tends so to deteriorate the muscular tissue subject to such pressure as to deprive it, more or less, of contractile power. When, therefore, it is called upon to take its part in the work of parturition it fails.

When further enfeebled by the undue action of anæsthetics, the uterus, unaided by its normal yoke-fellow, is at times almost left alone to accomplish and complete a process for which nature has provided two forces. This defect, imposing as it does an unnatural task on the uterus, frequently impairs its power of expulsion during, and of contraction after, parturition. In support of this opinion I also quote from Professor Haughton's paper: "The foregoing theory of the muscular forces employed in parturition leads us naturally to a caution as to the use of chloroform and other anæsthetics, which produce their effects first upon the voluntary and afterwards upon the involuntary muscles. When chloroform is used, in parturition, beyond the stage at which it produces simple drunkenness and indifference to pain, it is positively injurious, for it destroys the action of the voluntary abdominal muscles, which constitute the chief part of the force employed in difficult labours. Hence the muscular tissue of the uterus is left to overcome an obstacle beyond its strength, and without the aid that nature intended to be given by the abdominal muscles. The result is that labour ceases until consciousness returns and enables the ill-treated woman to avail herself of the apparatus of abdominal muscles provided by nature for her use."

Though the recent investigations of Prof. Haughton have shown that this power is paramount, although not illimitable, yet, when exhausted, there follow often protracted and painful labours dangerous to the life of both mother and child, together with post-partum hæmorrhage, subinvolution, and displacements of the womb, with other ailments well known to gynæcologists as the sequelæ of lengthened labours and exhausted uterine power.

To obviate and subsidise this defect—in a word, to supply the want of voluntary muscular force during parturition,

Fig. 1.

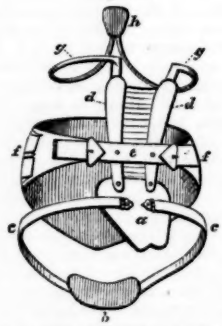


Fig. 2.

Fig. 1.—The instrument complete seen from behind. *a*, Sacral pad. *b*, Pubic pad. *c c*, Steel bands clasping the pelvis below the cristæ ilii. *d d*, Perpendicular spinal springs, arising from the sacral pad, and terminating just below the scapulæ. *e*, Transverse spring. (N.B. The construction of the instrument has lately been much improved. The parts marked *a*, *d d*, and *e* are now made in one piece, and capable of being moulded to the form of the patient.) *f*, The abdominal belt. *g g*, The two costal springs. *h*, The sternal pad. (Instead of this, in some cases, the costal springs are brought round the axillæ, and terminate in pads which rest below the acromion processes of the scapulæ, to which shoulder-straps, adjusted to the extremities of the spinal springs, are attached.)

Fig. 2.—The instrument seen in profile from the left side. The parts lettered as in Fig. 1.

Fig. 3.

Fig. 3.—The ordinary abdominal belt.

Fig. 4.

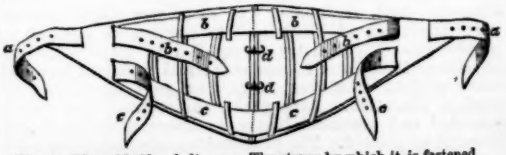
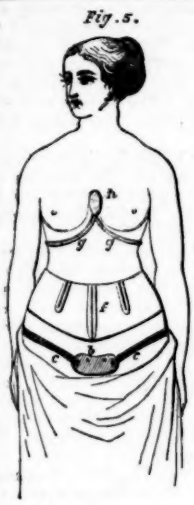
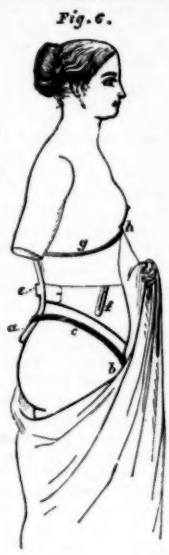
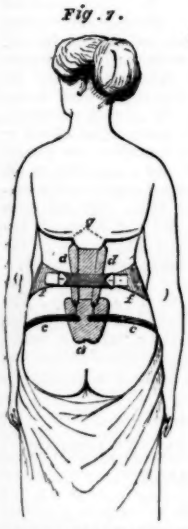
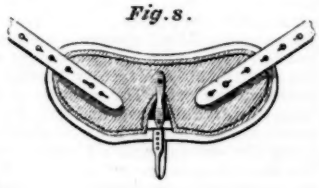


Fig. 4.—The midwifery belt. *a a*, The straps by which it is fastened to the extremities of the transverse spring (*e*) of Fig. 1. *b b*, The upper, and *c c* the lower, running straps to contract the belt when fastened to the hooks *d d*. (This midwifery belt has lately been made in three divisions, which run through three rollers, in different planes, with bands interlacing the belt, and giving a divided power of compression sufficient for all purposes.)









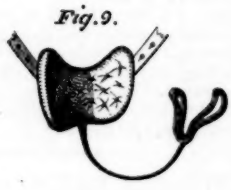


Fig. 5.—The pelvic band adjusted to the figure (front view) to exhibit its relation to the body.

Fig. 6.—Ditto (in profile.)

Fig. 7.—Ditto (back view.)

Fig. 8.—Front view of the pubic pad, fitted with a racket and catch to carry an intra-uterine stem or any other form of pessary.

Fig. 9.—Back view of pubic pad, with elastic pessary (Dr. Protheroe Smith's), held by a slight spring, which can easily be adjusted to the form of the vagina.

the pelvic band, as here described and delineated, will, it is hoped, be found to be well adapted. Although the accompanying woodcuts show the adaptation of the apparatus to the purposes enumerated in the title of this paper, it is my intention now to treat only of its application to midwifery. In a future communication I hope to speak of its use in the treatment of both uterine ailments and spinal deformities and their consequences.

I will now cite a few cases in which the pelvic band was evidently an aid to labour:—

1. Patient aged thirty-seven, tall, with entire absence of lumbar curvature of the spine, in labour with her fourth child. The abdominal parietes lax and thin; anteversion of the fundus uteri; the os uteri, high towards the hollow of the sacrum, could with difficulty be felt; previous accouchements very tedious, from thirty-six to forty-eight hours. In the present instance labour had continued eight hours, with scarcely any appreciable effect on the os. Gave tetrachloride of carbon by inhalation, and adjusted the pelvic band. The malposition of the uterus was rectified in five minutes, and a male, full-sized, child was born in three quarters of an hour. The placenta followed in fifteen minutes; uterus contracted firmly. Patient not exhausted as in former labours. The recovery rapid, without any medicine. This lady's health, which after her former confinements had been always delicate for several months, was in the present instance robust within the month.

2. Patient aged twenty-eight, with a similar-shaped spine and position of the fundus, with very lax abdominal parietes. A former labour lasted forty-eight hours before the head distended the perineum, where it had to overcome a great resistance from a firm cicatrix, the result of an injury in her youth. On the present occasion slight labour pains had continued for two days, with great pain in the back. To this the pelvic band gave instant relief. The patient was not confined to bed, but, from the comfort she derived from it, she would not allow the instrument to be removed until after the accouchement. It was used at first only to rectify the anteverted fundus uteri. After a night's rest, the pains became more active; tetrachloride of carbon was given; the bandage was tightened; after which labour terminated in about an hour. The placenta followed immediately. The recovery was very rapid and complete.

3. Primipara, aged twenty-four. Mother had six labours, always quick, followed by severe post-partum hæmorrhage. In labour four hours. Pelvic band one hour, during which pains became sensibly increased in severity and duration. Placenta followed quickly. No hæmorrhage. Recovery rapid and satisfactory.

4. Primipara, aged nineteen. When first seen slight pains had continued for eight hours. Os open, the size of a florin. Pains became augmented on pressure of pelvic band. A large male child was born in two hours afterwards, followed by the placenta in twenty minutes. Recovery good.

5. Patient, aged twenty-six, with second child. Had been in labour a day and a night, the pains recurring every quarter of an hour. Os dilated to the size of a half-crown piece. After adjusting the pelvic band, pains became instantly more expulsive. The bandage was tightened to its full power, when the pains became continuous. A male child was born in fifteen minutes, and the placenta was thrown off in ten minutes. Patient's recovery excellent.

6. Fourth labour. Pains lingering, at intervals of an hour, for eight hours. Os dilated to the extent of a florin. Pelvic band applied, after which pains in about ten minutes became rapid and strong, and in twenty minutes more a full-sized male child was born. Placenta followed in five minutes. No hæmorrhage. Says she never had so easy a labour. Getting up good and quick.

7. Patient aged twenty-two, fourth pregnancy. Second child at term. The labour lasted only two hours and forty minutes. Owing to its rapidity, the band was on only half an hour; but the patient felt it to be a great support. The third stage was short, there was no hæmorrhage, and the patient made a very good recovery.

8. Patient aged twenty-four, second pregnancy. Duration of labour twenty-three hours. The fundus uteri tended to lean forwards. Had on the pelvic band for the last twelve hours of the labour. Before its application the patient was restless, and the pains were very ineffectual, but afterwards they became more active and regular, and the patient expressed herself as feeling very much supported, "as if she was held up by hands all round her." She made a far better recovery than she did after her first confinement.

9. Patient aged thirty, second pregnancy. Duration of labour six hours and a half. Had on the pelvic band for an hour and three quarters, during which the uterine action was evidently augmented; and whereas at her former labour severe post-partum hæmorrhage occurred, on this occasion she had none. She made a very good recovery.

10. Patient aged thirteen, first pregnancy. Labour induced at eighth month, because of the want of development of the mother. Duration of labour forty-four hours and a half. For thirty-seven hours there was very little progress, and at the end of that time the os uteri was not larger than a florin. The

pelvic band was then put on, when the labour progressed well. Chloroform was given for the last hour and a half, and the labour was concluded easily. There was little or no post-partum hæmorrhage. Patient recovered well.

11. Patient aged thirty-two, fourth pregnancy, third labour at term. Duration of labour thirty-five hours and a quarter. For thirty-one hours and a quarter there was hardly any progress, the pains being very ineffectual. At the end of that time the os uteri scarcely admitted the finger. The band was then put on, the pains became good, and in four hours the labour terminated. The patient made a very good recovery.

12. Patient, aged twenty-seven, with second child. In first labour, after the membranes ruptured, twenty-one hours elapsed before the pains became sufficient to expel the child. In the present instance the waters came away fifteen hours before labour pains commenced. The pelvic band was put on five hours before birth. It produced a feeling of increased power of expulsion, and gave instant relief to pain in the back, which before was constant and severe. The progress of the case being at first somewhat arrested by chloroform, it was suspended for the last two hours, at the end of which time a male child was born. Placenta followed in twenty minutes, and the uterus contracted firmly. During this labour the voluntary muscles were very inefficient; the band, therefore, did good service in supplementing their enfeebled action. Recovery excellent.

If, when its merits shall be further tested by the experience of others, this instrument prove, as I believe it will, a powerful aid to midwifery—if, in a word, it lessen the pains and perils of childbirth, as well as curtail the often protracted attendance of the accoucheur, my object in bringing before the notice of the profession what has proved of great use in my own practice will be fully answered.

Park-street, Grosvenor-square, W., May, 1870.

A CASE OF ADDISON'S DISEASE.

BY T. P. HESLOP, M.D.,
PHYSICIAN TO THE QUEEN'S AND CHILDREN'S HOSPITALS, BIRMINGHAM.

I THINK it proper to place the following case on record, as it offers a characteristic example of supra-renal melasma, in respect of constitutional symptoms, special colour-change, and morbid condition of the capsules. The subject of the malady appeared among my out-patients, and was at once accurately discriminated by Dr. Sawyer, the able resident physician of the Queen's Hospital, to whom I am indebted for the notes of the case.

George F——, aged twenty-one, single, tin-plate worker, admitted March 2nd, 1870.

History.—He stated that his health had been good until about three years ago; he had been tolerably stout, his complexion fair, and his cheeks ruddy. He was first troubled with a sense of fulness and pain in the region of the stomach after eating, and always had a special distaste for fatty food. He found he was getting thinner, and his appetite was failing. At the same time he noticed that he was becoming darker in colour all over the body. During the last nine months he had suffered from a dull aching pain in the loins, and was often troubled with headache. He gradually grew weaker, and the darkness of the skin slowly increased up to the time of his admission into the hospital. About a year ago he had a soft chancre. His father died of phthisis.

On admission the whole of the surface of the body was of an olive-brown colour. The skin might be said to be bronzed; it was dingy and smoky, and the patient looked like a mulatto, but his hair was flaxen. The dark coloration was most marked on the face and neck, on the knees, and around the navel. On the left cheek and on the forehead several almost black patches existed, and the nipples and areolæ were very dark. The deepest tint was observed on the penis; but on the prepuce a perfectly white patch, corresponding to the cicatrix of the chancre, was found. The lips, gums, and buccal mucous membrane were decidedly darkened, but no patches of dark colour were observed in the mouth. The conjunctivæ were pearly white, contrasting strongly with the dusky hue of the skin. The pulse was feeble, and the heart-sounds were weak. He was incapable of anything but the slightest exertion. He suffered from giddiness, retching, and vomiting after his meals, and complained of pain in the region of the stomach. The bowels were constipated; the urine normal. Physical examination failed to reveal any visceral disease.

From the time of his admission he gradually grew worse. The darkness of the skin increased, and the retching and vomiting continued. The asthenia grew more marked, the intellect remaining clear to the last. He died from syncope, following slight exertion, on the 18th of March.

Post-mortem examination.—The body was found to be spare, but not extremely emaciated. The surface was slightly, though decidedly, paler than during life. The muscles presented their normal red colour. The apices of both lungs were firmly attached by old adhesions to the costal pleuræ. In the upper lobe of the left lung a few scattered nodules of grey tubercle were found; the lungs were elsewhere crepitant and healthy. The pericardium contained about half an ounce of yellow serous fluid. The heart weighed 7¼ oz.; its texture was normal; a small fibrinous clot was found attached to the walls of the right ventricle. The liver weighed 2 lb. 13 oz.; its structure was healthy. The spleen weighed 10 oz. The supra-renal capsules were much enlarged. The right capsule was of its normal shape, and weighed 3 dr. 40 gr. The left capsule was rounded, thickened, elongated, and somewhat nodulated on the surface; it measured three inches in length and three-quarters of an inch in thickness; it was not weighed, being preserved attached to the kidney. The connective tissue surrounding the capsules did not appear to be thickened or consolidated, but the bodies were firmly adherent to the adjacent organs. On section, all evidence of normal structure, cortex and medulla, was lost. The capsules of the supra-renal bodies were slightly thickened, and they were filled with an opaque, yellowish, and almost homogeneous substance, of cheesy or putty-like consistence. It might be described as looking like concrete pus, or pus with the liquor puris drained off. On microscopic examination this material was found to consist of round cells, somewhat larger than, but otherwise much like, ordinary pus-cells. They did not, however, display their contents as clearly as these latter cells on the application of acetic acid. The kidneys were healthy; a careful dissection failed to reveal any abnormality in the sympathetic nerves and their ganglia in the abdomen. The lumbar and mesenteric glands were normal. Peyer's patches were very prominent, and they presented a "shaved-beard" appearance. The blood, on microscopic examination, exhibited no abnormal condition. The brain was healthy.

Birmingham, April 27th, 1870.

NITROUS OXIDE GAS IN EXCISION OF THE MAMMA.

BY J. R. BEGG,
SURGEON TO THE DUNDEE ROYAL INFIRMARY, ETC.

NITROUS OXIDE GAS, as an anæsthetic, has only recently been introduced into this country from America; its use being solely confined to dental operations, or operations requiring only a few seconds for their performance.

Although I had heard and read of the successful use of the gas for some time, I never had an opportunity of witnessing its effects until the 6th April last, when Mr. W. Campbell, dentist, read a paper on "Nitrous Oxide Gas," before the Dundee Medical Society, and illustrated its effects by successfully extracting two molars. The two gentlemen who underwent the process affirmed that they felt not the slightest pain, and were quite unconscious during the operations. I was very much struck with the rapidity of the anæsthesia produced by the gas, as also with its transient effects—the gentlemen recovering and walking off as correctly, and I suspect with more composure than when they entered the room. Having witnessed the success of the gas, I resolved that on the first opportunity I would give it a trial in one of the capital operations.

A few days afterwards a married woman, aged thirty-six,

the mother of one child, was admitted into the Dundee Royal Infirmary, under the care of Dr. Pirie, for some slight nervous complaint; and, while undergoing examination, a tumour was discovered in the right mamma. I was requested to see the patient, and found that the tumour was about the size of an ordinary hen's egg, occupying the upper and inner part of the right mamma, and having the usual external characteristics of scirrhus. The axillary glands were unaffected, and I recommended the immediate removal of the mamma. She consented, and was accordingly transferred to a surgical ward. The operation was performed on April 14th, in the presence of the infirmary staff and several medical friends. Mr. Campbell, who has successfully operated with the gas in about four hundred dental cases, kindly undertook its administration. Dr. Crockatt kept note of the pulse, and Dr. Campbell acted as time-keeper.

The operation was performed in the usual way; the whole of the mammary gland being removed. Four bleeding arteries were secured by torsion, which thoroughly controlled the bleeding; the edges of the incision were brought together by seven metallic sutures, and dressed: the whole operation, from the first inhalation of the gas to its termination, lasting only eight and a half minutes. The pulse was 72, small and weak, when the patient was placed on the operating table, and when fully under the influence of the gas it rose to 80, with increase of volume. The patient was thoroughly narcotised in one minute twenty seconds; but the time, as accurately kept by Dr. Campbell, will be seen at a glance by the following table:—

Gas on. Min.	Sec.				Gas off. Min.	Sec.
1	20	...	...	...	0	30
0	40	...	...	...	0	10
0	25	...	...	...	0	10
3	5	...	...	...	0	10
1	0	...	...	...	0	40
0	20	...	...	...	0	0
6	50				1	40

It will be observed that at intervals during the operation the gas was inhaled for six minutes fifty seconds, and that it was shut off for one minute forty seconds.

The gas was administered from one of Messrs. Coxeter's iron bottles, containing a hundred gallons of liquid gas, to which was attached a long india-rubber tube, a Cattlin's bag with Clover's face-piece, and two-wayed stopcock. (A description of this apparatus, with faithful illustrations, by Mr. Charles James Fox, will be found in THE LANCET of April 9th.) The patient exhibited slight lividity of the face and slight rigidity of the muscles, much less, however, than I have very often seen when chloroform was employed. The rigidity departed the moment she was fairly under the influence of the gas, the muscles then remaining perfectly flexible. I remarked that the blood issuing from the cut surface was very dark in colour. The patient walked from the ward to the operating room, and, after the operation had been completed, walked back again without assistance—a circumstance I never observed when chloroform was given. She had no sickness, headache, nor vomiting—symptoms which often occur after the administration of chloroform. She expressed herself as quite comfortable when she got to bed; she felt, in fact, quite as well as, and more composed than, when she left it little more than ten minutes before. The time from the first inhalation of the gas to the termination of the operation was not longer than, and perhaps not so long as, would have been required to put the patient under the influence of chloroform. The nitrous oxide gas has, therefore, this advantage over chloroform, ether, or the bichloride of methylene, that the surgeon is not kept waiting for ten, fifteen, or twenty minutes, but can within a few seconds proceed with the operation in hand.

As my experience of the nitrous oxide gas is as yet limited to this one case, it would be presumption in me to advance or to seek to arrive at any conclusion with regard to the advisability of its general use. Mr. Campbell tells me that in all his four hundred dental cases no bad results have occurred, and that when the anæsthesia is deep there is always present more or less lividity, although he thinks that there is less of it when Coxeter's liquid gas is employed. That the gas will ever come into general use (at least in its present form) as an anæsthetic I do not believe; for, besides being much more expensive than any of the other anæsthetics, the cumbersome nature of the apparatus must necessarily limit its use. It has already been satisfactorily proved that for operations requiring only a few seconds for their performance nitrous oxide gas is undoubtedly the best anæsthetic; but although the gas has proved a success in this case—and this is the largest operation on record in which it has been given—it yet remains to be proved whether in operations requiring a longer time for their performance it would prove as safe as the anæsthetics now commonly administered. I am so well satisfied with the results in this case, however, that I intend to test it still further.

Dundee, May, 1870.

ON THE USE OF

CARBOLIC ACID IN A CASE OF SYPHILIS WITH SEVERE THROAT SYMPTOMS.

BY C. SWABY SMITH, L.R.C.P. EDIN., &c.

AT this time, when there is so much controversy between the supporters and the opponents of the antiseptic treatment of wounds and sores by carbolic acid, a short account of the following very serious case, in which the good effect of a topical application of the acid was most plainly shown, will, it is believed, be read with interest by many members of the profession.

In the month of July, 1869, a respectable married woman, about thirty-two years of age, was brought to me, suffering from great general debility, and from local soreness and irritation, the result of syphilis, contracted originally, a few years before, from her first husband. When first seen by me, the whole throat internally was in a shocking state, the disease involving all the parts included in the pharynx, isthmus faucium, and soft palate. The tonsils and uvula were destroyed, and the whole of the pharynx as far as the eye could reach above and below was one sloughing surface, which was constantly secreting a tenacious and most offensive pus-like matter. Not only the mucous membrane, but a great part of the muscular substance of the pharynx, had been destroyed, so that the whole aperture of the throat was much larger than it ought naturally to have been. The disease had also spread quite through the posterior nares, and there was a constant discharge from the nostrils. The urgent danger, however, arose from the terrible condition of the throat; for, owing to the excessive soreness and irritation, it was hardly possible for the patient to swallow food of any kind, whether liquid or solid. What she did manage to get down was mixed with the offensive matter from the discharging surface, which appeared to derange her stomach, not to speak of the miserably unpleasant sensations involved in the process of eating or drinking. The woman had, in truth, taken very little in the way of food for several weeks, and almost nothing for some days before I first saw her. The emaciation was extreme, and the circulation exceedingly feeble. And it is not unreasonable to suppose that death would have taken place in a short time, either from exhaustion or hæmorrhage. In fact, she had herself given up all hopes of life, having received little or no benefit from former treatment.

My first interview with the patient took place on July 2nd, 1869, on which day I applied, by means of a camel's-hair brush, Calvert's carbolic acid (made fluid according to the printed instructions, but not diluted in any degree) to the whole of the diseased surface, passing the brush upwards as far as the posterior nares, and downwards almost into the œsophagus, bringing away at the same time a large quantity of the offensive and tenacious secretion. On this same day she took, by my orders, a pint and a half of porter, half a pint of beef-tea, and an egg. She was also ordered to take five minims of liquor chinchonæ, five minims of Battley's solution of opium, and ten grains of iodide of potassium, in an ounce of water, three times a day.

The following notes were taken by my assistant, Mr. Fenton:—

July 3rd.—Came again (being just able to walk from her own house, a few doors off) at 10 A.M. Can speak more distinctly; says her throat is much less sore, and can eat with

far less pain. The throat was brushed out as before, but with a solution of only 1 part of carbolic acid to 60 parts of water; this operation being repeated in the evening. Took during the day three-quarters of a pint of beef-tea, a pint and a half of porter, a pint of milk, and an egg. Medicine continued.

4th.—The lotion (1 to 60) was again applied morning and evening. About the same quantity of food taken as on the 3rd. Medicine continued.

5th, 6th, 7th, 8th, and 9th.—The same application in the morning and evening of each day, and about the same quantity of food taken each day. At the last date (the 9th) the patient felt a return of the natural relish for food, which had been quite wanting so far, and said she could eat nearly every half-hour, without pain and almost without discomfort. Medicine as before, three times a day.

The same topical application was continued twice a day until the 17th, when a solution was made of 1 part of Calvert's carbolic acid to 30 parts of glycerine, this lotion being then applied twice a day until the 3rd August, from which date until the 12th August the glycerine lotion was applied once every alternate day, then again on the 18th, and lastly on the 26th August.

A change in the medicine first ordered was made on the 14th July, but iodide of potassium was taken continuously until the 21st July, when it was discontinued, and syrup of iodide of iron substituted.

The patient left this neighbourhood about September 1st, wonderfully improved in health and general appearance. She had gained much flesh, could walk a good distance without sensible fatigue, slept well, and could eat almost anything that came in her way. My patient again called on me on the 1st of February in the present year, when her appearance was still more improved. In fact, she was in good condition, and had also become pregnant. The throat had filled up to about its normal size, and was covered with a perfectly healthy mucous membrane. It must be said, however, that she still suffered from a discharge from the nostrils, and also from one of the legs. She had been directed to pass frequently up each nostril a syringeful of carbolic acid lotion (1 to 60) until she felt it trickle out at the posterior nares. This she had done with regularity, and with some benefit; but there is obviously a vast difference between such a plan and the direct application of the lotion by means of a suitable brush. As the syphilis is of long standing, it is quite possible that the nasal bones may be involved in the destructive process. Of course the fact of the discharge from the nose and leg proves that the disease is not eradicated from the system. It is true to say, however, that the patient has, medically speaking, taken a new lease of life; for any member of the profession who had seen her in the first instance would scarcely have doubted that, unless prompt remedial measures had been adopted, death would soon have taken place.

The main point to which attention is wished to be drawn in the present case is the beneficial effect which was so rapidly produced by the direct application of the carbolic acid to the throat. The excessive soreness began to decrease after the first application. The secretion from the diseased surface, which was mopped away each time as much as possible, also regularly decreased in quantity, and became less offensive. After the first few days a new action was evidently set up, healthy granulations made their appearance, and the whole aperture of the throat, both above and below, was reduced in size. This was proved, as far as the upper part of the pharynx was concerned, by the fact that after a time the camel's-hair brush could with difficulty be pushed upwards so as to reach the posterior nares, though this was easily accomplished in the first instance. When the patient was last seen, the whole throat, as has been stated, had recovered its normal capacity, and was, with the exception of the lost parts, in a natural and healthy condition.

It is safe, therefore, to affirm that in this instance the topical application of carbolic acid to the extensively and almost hopelessly diseased throat of a syphilitic patient was of the most essential service. It does not, of course, necessarily follow that the acid would be equally efficacious in all other cases of the same kind. Taking into account, however, the fact that the other strong acids have often been used as a local application to throats diseased from the same cause with little or no benefit, it is surely not too much to say that the result of the use of carbolic acid in this instance should lead the profession to make a fair trial of the same remedy in like cases.

Seaforth, Liverpool, March, 1870.

CASE OF DELIRIUM TREMENS SUCCESSFULLY TREATED WITH LARGE DOSES OF TINCTURE OF DIGITALIS.

BY ALBERT A. GORE,
STAFF SURGEON.

ON the 8th February, 1870, Company Sergeant-Major Thomas B——, one of the European non-commissioned officers of the 1st W. I. Regt., was admitted into the Garrison Hospital, Sierra Leone, labouring under the premonitory symptoms of delirium tremens. He suffered from a similar attack in September, 1868; and is stated to have had an attack also while serving in China some years since. The man was of a good muscular development, but of intemperate habits. Immediately previous to his admission into hospital he had had an epileptiform fit.

On admission, he was quite rational; tongue coated and tremulous; pulse feeble and frequent. Ordered to take, immediately, two colocynth and blue pills; to be followed in two hours by an aperient draught with quinine; muriate-of-ammonia lotion to be kept constantly to the shaved head; and concentrated beef-tea to be administered every two hours. During the evening the bowels were feely moved. He had a recurrence of the fit at 1.30 P.M., which was of short duration. Had at bedtime two drachms of tincture of hyoscyamus in porter.

Feb. 9th.—Spent a good night. Was ordered a mixture containing nitrate of potash, aromatic spirit of ammonia, and spirit of nitric ether in camphor mixture: an ounce every third hour. Beef-tea and porter. The restlessness having increased on the 10th, he was directed to have fifteen grains of Dover's powder at 8 P.M., and a sinapism applied to the nape of the neck.

11th.—The opiate administered the previous evening had had no sedative effect; on the contrary, his symptoms had been increased in severity. The pulse was now more frequent, jerking and feeble; he was highly excited, could not be kept in bed, and had a variety of hallucinations. These symptoms continuing, Staff Asst.-Surgeon Dr. Quinlan and myself determined to try the effect of digitalis: at 5 P.M. half an ounce of the tincture was administered in a tin of beef-tea. We visited the patient again at 8 P.M., and found him still excited, but somewhat quieter. A second dose of the digitalis was given in half a pint of porter; and the hospital sergeant was ordered to keep the ward as quiet as possible.

On visiting the hospital the following morning, we found that an hour after he had received his medicine on the previous evening he had fallen into a gentle sleep, which continued during the night. He had subsequently no return of delirium; and his general condition slowly improved under the use of nourishing diet, citrate of iron and quinine, &c. His convalescence was rather long, owing to the depraved condition of his blood; but the immediate effect of the digitalis was very marked.

Opium, as a rule, is contraindicated in diseases of this description on the coast of Africa, as they are rarely uncomplicated, symptoms of remittent fever almost always coexisting, as well as a great tendency to cerebral congestion; and they require from the first constant care both as to their medical and dietetic treatment.

Sierra Leone, March 27th, 1870.

FOOT AND MOUTH DISEASE.—At the Eddisbury petty sessions on Monday, a cattle dealer named Slingsby, of Lower Seedley, Pendleton, near Manchester, was fined £20 and costs for exposing for sale at Over fair, on the 16th May, cattle affected with the foot and mouth disease. A man named Meehan was fined £5 last week in Dublin, for neglecting to give due notice to the authorities that he had a number of cattle infected with the above disease.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CLINICAL REMARKS ON MISCELLANEOUS CASES.

(By Dr. WILKS.)

On the Diagnosis of Diseases of the Stomach and Œsophagus.—An emaciated man, fifty-three years of age, was admitted on May 11th, with supposed disease of the stomach. The following were the chief points in the history of the case: for eight months past severe pains over the stomach, and almost immediate return of swallowed food, particularly of meat and dry solid matter; profuse hæmatemesis on two occasions; loss of flesh. Dr. Wilks stated that in cases of this kind it was necessary for the medical attendant to find out for himself whether there was immediate regurgitation of the food after deglutition, or vomiting occurring sooner or later after this act, but still not until the passage of the food into the stomach. The former symptom would indicate some contraction of the œsophagus; the latter, disease of the stomach—probably cancer or gastric ulcer. Hæmorrhage from the stomach varied very much in amount, according to the nature of the case: in cases of gastric ulcer it might be slight or severe; but when due to liver disease it was always excessive, since the bleeding must necessarily be associated with extreme engorgement of the portal system. Pain in the epigastrium was invariably present in cases of vomiting, even with sea-sickness. Severe fixed pain was not a constant symptom of ulcer of the stomach; occasionally it was very slight and not a source of complaint, whilst in other instances it was very acute. In the latter class of cases the peritoneal coat of the stomach was generally involved in the ulceration, and had probably become adherent to some neighbouring part. In one case, related by Dr. Habershon, twigs of the pneumogastric nerve were found involved in the margin of the ulcer. Dr. Wilks was inclined to look upon the present case as one of disease of the œsophagus, since the food was either regurgitated immediately after deglutition, or, when retained for a short time before its return, was distinctly felt by the patient himself in a fixed position at the lower end of the gullet. Small fragments of toast or dry bread could be passed into the stomach with difficulty, but the bolus when mixed with tea or some other fluid was immediately returned. Dr. Wilks did not look with any favour on the plan of passing bougies for the treatment of disease of the œsophagus from morbid deposit. The contraction of this tube from this cause is not of inflammatory origin, nor analogous in any way to a stricture of the urethra, and cannot be treated with success by a process of stretching.

Lumbago.—There is at present in the hospital a case of this troublesome affection in a strong, muscular man, perfectly healthy, with the exception of severe pain in the lumbar region whilst walking or moving his back. Dr. Wilks stated that this patient had been treated as an outpatient for this affection during nine months, chiefly by internal remedies, but without gaining any relief. It was then decided to admit the man into the hospital, and to treat him by repeated subcutaneous injections of morphia, and afterwards, in case of this method failing, by the application of galvanism. Cases of acute or recent lumbago were generally amenable to warm stimulating applications, as hot air, steam, fomentations, hot water, and tincture of capsicum; but when the affection had become chronic, it was frequently most intractable. Dr. Wilks has seen good results from the subcutaneous injection of morphia in cases where a prolonged medicinal treatment had been of no avail. Galvanism, also, was stated to be equally beneficial in obstinate cases.

Bichloride of Mercury in the Treatment of Nervous Affections.—A man, forty years of age, received, two months before his admission into the hospital, a severe blow upon the back of the head. This injury was followed by persistent and severe frontal cephalalgia, occasional temporary attacks of loss of consciousness, and, on one occasion, loss of power in the right arm. On admission, there was great nervous excitement and restlessness, and impairment of consciousness. These symptoms soon subsided on the administration of small doses of bichloride of mercury. The general nervous affection passed off, and left the patient in a good state of health, with the exception of the pain in the head, which still persisted. Dr. Wilks speaks favourably of the good results of preparations of mercury in cases of obscure nervous affections with much irritability and mental disturbance. A case of this kind was also alluded to, in which the failure of many other remedies was speedily followed by the successful administration of five-grain doses of grey powder.

Bright's Disease.—In some remarks on a case of renal dropsy and bronchitis, Dr. Wilks pointed out the rigid state of the radial artery; and stated that the early researches of Dr. Bright on the morbid appearances of the renal arteries, and the recent investigations of Dr. Johnson on the general condition of the small arteries of the body in disease of the kidney, taken together with several pathological facts, among which he mentioned that of the existence of Bright's disease in a great majority of patients who have died from apoplexy, all went to justify the classifying of this affection with the general, instead of with the strictly local, diseases of the body. In this special case, Dr. Wilks stated, incidentally, that there was a slight but persistent friction-sound on the left side of the chest. This he believed to be a dry pleuritic rub, caused by some roughening of the pleura without adhesion. Although it was easy to comprehend how this condition might really happen and remain persistent, opportunities for hearing a dry sound of this nature very rarely occurred.

ROYAL FREE HOSPITAL.

NEW INSTRUMENT FOR THE OPERATION IN FISTULA IN ANO.

IN a recent case of operation for fistula in ano, instead of the usual plan of introducing the bistoury through the fistula, and bringing it down through the sphincter, Mr. Weeden Cooke used a scissors constructed for him by Messrs. Weiss. The finger having been introduced into the rectum as a guide, Mr. Cooke passed one blade of the scissors into the fistula up to its extreme point, and then the other blade into the rectum. The two blades were then connected by a small screw, and by one rapid scissors action the sphincter was divided.

As the position required for this operation renders it unadvisable to give chloroform, and as the patient, unless very carefully held by assistants, often shrinks so as greatly to embarrass the surgeon, any plan which ensures rapidity is advantageous, and it is with this view that the mode of operation described has been suggested. It was thought that it caused less pain than the bistoury.

CASE OF ACUTE NECROSIS OF THE TIBIA; AMPUTATION OF THE THIGH.

(Under the care of Mr. J. D. HILL.)

Mr. Hill lately performed amputation of the thigh for acute necrosis of the tibia and disorganisation of the contiguous knee-joint. The case, a somewhat rare one, was that of one of the porters of the Royal Orthopædic Hospital, a young man of rheumatic diathesis, who had enjoyed pretty good health until about a month previously, when he was attacked with febrile symptoms, erratic pains about the large joints, followed by acute pain on the inner aspect of the tibia. This was succeeded by a circumscribed swelling at the seat of pain, and effusion into the contiguous knee-joint; subsequently, diffuse cellular inflammation affected the whole extremity, and double pneumonia and pericarditis supervened. The excessive discharges of pus from abscesses connected with the joint and the necrosed tibia, and the

accompanying hectic, had placed the patient in a very precarious condition.

Mr. Hill operated by making a curtain flap of integument anteriorly, and a short posterior flap of the same structure. The femoral and smaller arteries were secured by torsion, and but little blood was lost in the operation.

Mr. Hill afterwards, exhibiting the specimen, showed that the disease primarily commenced in the tibia, and extended to the upper articular surface. The joint was totally disorganised, and the bones in many parts were eroded. He alluded to a similar case in which he had performed the same operation about fourteen months previously, but there the progress of the disease was not quite so rapid, and the man was forty-five years of age. He believes that a specific blood poison, such as pyæmia, had given rise to the mischief, and in illustration mentioned an analogous case—that of a woman, under the care of Dr. Brinton in the year 1860, who, after a severe attack of variola, had acute necrosis of the entire femur, implicating both hip- and knee-joints. The specimens of these cases were to be found in the museum.

WEST LONDON HOSPITAL.

A CASE OF DELIRIUM TREMENS; FAILURE OF HYDRATE OF CHLORAL TO PROCURE SLEEP.

(Under the care of Dr. FREDERICK SIMMS.)

THE following case, from notes supplied to us by Mr. G. Herbert Wade, house-surgeon, would seem to be an instance in which the hydrate of chloral, which has generally been found very useful in delirium tremens, failed to exercise its usual soporific influence.

John G——, aged thirty-three, married, gate-keeper on railway, admitted April 16th, 1870. The patient had met with an accident some time back, which necessitated the removal of the left leg, just below the knee. About a week or so ago, whilst suffering from the effects of another accident, he was attacked with symptoms of delirium tremens, and was sent to the hospital.

On admission he had a full, frequent pulse, a sulky look, skin hot, eyes presenting a watery appearance, pupils natural. He seemed to have a difficulty in unfastening his clothes. He answered simple questions rationally, but could not give any account as to his injury. Was ordered half diet, and a pint of beer, and twenty grains of hydrate of chloral every six hours.

April 16th.—11 P.M.: Has taken two doses of hydrate of chloral. Is excited, and talks very much. Fancies railway trains are running over him, and that he sees dead children about him. Pulse 92.—2 P.M.: Very violent indeed. Difficulty in keeping him in bed. Forty grains of hydrate of chloral in two ounces of brandy; no result. Twenty grains more, in one ounce of brandy, were then given, after which he was quiet for half an hour.

17th.—11 A.M.: Has had no sleep. Pulse 124; tongue coated. Is so restless and excited that it has been necessary to have a man to watch him. Is continually picking the bed-clothes. Has taken two eggs for breakfast. To have half a pint of beer every three hours.—9 P.M.: Not quite so restless, but has had no sleep. Takes his food well.

18th.—11 A.M.: Pulse 120. Has been very violent all night, and shows no signs of sleep. Ordered half a pint of beer every three hours, with forty minims of solution of morphia in it. Bowels not open. Ordered five grains of compound colocynth pill.—9 P.M.: Has had three doses of morphia with his beer. Pupils are contracted, and he seems inclined to sleep. The hydrate of chloral has been discontinued since the morning, and he is to continue taking the morphia and beer during the night, if awake.

19th.—11 A.M.: Slept from ten last night till five this morning. Is very quiet, and talks rationally. Feels weak. Tongue is clean, and not tremulous. Pulse 112. Bowels have acted twice. Pupils contracted. Is not to take the morphia unless he becomes restless. Ordered full diet, three pints of beer, and quinine.

19th.—9 P.M.: He is quite quiet and rational. Pupils natural. Has eaten well.

20th.—11 A.M.: Pulse 100. Going on well.

He continued to improve, and was discharged, well, on the 27th.

Provincial Hospital Reports.

BRISTOL ROYAL INFIRMARY.

OCCLUSION OF THE FEMORAL ARTERY FOR POPLITEAL ANEURISM; LIGATURE REMOVED IN SEVENTY-TWO HOURS.

(Under the care of Mr. AUGUSTIN PRICHARD.)

A SHIFTING LIGATURE was applied to the femoral artery in the following instance by means of an instrument which is described by the reporter of the case, Mr. W. T. Benham, dresser.

Daniel L——, aged nineteen, farm labourer, was admitted on Sept. 20th, 1869, with a well-defined popliteal aneurism on the left side. Forcible flexion, compression of the femoral artery by tourniquets, and forcible extension having been severally tried, without success, Mr. Prichard decided to occlude the femoral artery by means of an "arterial compressor," which he ordered to be made for the purpose. This little instrument is a hollow metal tube in the form of a cross, three inches in length, and about the bore of a No. 8 catheter. The ligature (which may be of almost any sort, but in this case was plaited horsehair) is firmly fastened to the cross-piece, the free end being then passed in at the mouth of the tube, down through it, and out at the other extremity, when the instrument is ready for use. The mode of applying it is as follows: The free end of the ligature is passed round the artery by means of an aneurism-needle, then up through the tube, and out again at its mouth; it is then pulled sufficiently tight to occlude the artery completely, and is firmly fastened to the cross-piece.

Nov. 15th.—1.30 P.M.: The patient having been put under chloroform, Mr. Prichard dissected down to the femoral artery in the usual manner, and without the slightest difficulty applied the compressor in the way indicated above. The compressor was then placed so as to project obliquely at the upper part of the wound, which was brought together by horsehair sutures. A strip of lint soaked in compound tincture of benzoin was applied over the wound, and the limb was enveloped in cotton-wool and bandaged. The patient was removed to bed, and hot-water bottles placed on either side of the leg.

18th.—1.30 P.M.: Patient has passed a good time since the operation, with little or no constitutional disturbance. Tongue clean; pulse 80, good; temperature 98° Fahr. On examining the wound, it was found to be healed by first intention, excepting at the spot where the compressor projected. Mr. Prichard then proceeded to remove the instrument, which was easily done by cutting through the two ends of the ligature which projected from the mouth of the tube and were fastened to the cross-piece. A little oil was then poured down the tube and it was steadily pulled out of the wound, leaving the two free ends of the ligature projecting in its place. One of these was cut off as close to the artery as possible, and, traction being made at the other end, the ligature was at once removed. No pulsation could be felt in the tumour or in the femoral artery below the seat of occlusion; but, from anastomotic circulation being fairly established, the tibials pulsated slightly. The small wound that was left was brought together by a piece of sticking-plaster, and healed in due course, and the patient was discharged cured.

BRISTOL GENERAL HOSPITAL.

A CASE OF PSOAS ABSCESS.

(Under the care of Mr. GEORGE F. ATCHLEY.)

THE treatment of psoas abscess is in general of a most unsatisfactory nature; for the patient usually lies upon his back for many weeks, perhaps, without much actual pain, though with great mental anxiety, the effect of long-deferred hope. When at length the abscess breaks, there is rarely any expectation of a favourable termination of the case; on the contrary, a more or less speedy death from exhaustion may be anticipated. The following short notes of a case of this kind indicate a plan—an adaptation of Prof. Lister's practice—which may reasonably be expected, Mr. Atchley thinks, to furnish a more successful result.

W. H——, aged twenty-eight, a country labourer in good condition, was admitted on the 5th of March, 1869, with a large fluctuating tumour in the upper and fore part of the left thigh, communicating, under Poupart's ligament, with another similar swelling, extending into the abdomen, along the line of the psoas muscle. The patient was unable to bend any of the lumbar and two or three last dorsal vertebræ. After resting in bed six weeks, the tumour was found to be considerably increased in size, and the contents appeared to be making their way to the surface.

The following plan was then carried out. The patient was put into a warm bath, to which was added a solution of carbolic acid sufficient to give off a very perceptible odour (about two pints of solution 1 to 30). A valvular incision was then made under the water, over the most prominent part of the swelling, and the evacuation of the contents of the abscess aided by slight pressure. As the water became opaque by the discharge of the pus, it was partially turned off, and more water and carbolic acid added as required. Lint, saturated with the same acid and oil, was then applied to the wound, and the part bandaged, and great care taken to maintain the part under the carbolic bath throughout the operation. The wound healed in a few days. The abscess subsequently twice refilled, and a similar procedure was effected on each occasion. After the third evacuation the wound discharged small quantities of perfectly sweet matter for three weeks, and then healed permanently, and was followed by no refilling of the abscess.

The patient was discharged, well, on August 30th, just four months and a half after the first operation. He was seen a few weeks ago, when he was in full work and apparently perfect health.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

FOREIGN BODY IN TRACHEA; TRACHEOTOMY.

(Under the care of Mr. T. M. BUTLER.)

THE following case, reported by Mr. Flower, house-surgeon, is not remarkable for the operation, but chiefly for the length of time the foreign body (and that, moreover, having one end jagged and sharp) remained in the trachea, and, violently thrust upwards with every expiration, set up for some days such very trifling irritation. The boy did not present himself at the hospital until five days after having swallowed the presumed bead, and then certainly the symptoms had become urgent and alarming.

W. M——, aged six, a stout little lad, was brought to the hospital on February 9th, 1870, at noon. He said that on Feb. 4th, at 10.30 A.M., he swallowed a bean-shaped bead, but it had not a hole through it. He has had some cough and slight irritation since, but the symptoms did not become alarming until this morning, when, on admission, he had constant cough, some heat of skin, and paroxysms of threatening suffocation. On placing the hand over front of neck, some hard body could be felt to knock violently against trachea with either cough or expiration.

Was put under chloroform, and, the head hanging well back, a longitudinal incision about an inch and a half long was made in front of the trachea, and there being no hæmorrhage, the latter was opened, and, the edges of the opening being held apart by blunt hooks, the foreign body was coughed out. A piece of wet lint, cotton-wool and bandage were applied over wound, and the boy was put to bed in a ward well heated and steamed. The patient progressed most satisfactorily; some mucus was coughed through wound for a few hours after the operation, and he talked the same evening. The temperature never rose above 100° Fahr., pulse over 108, nor respiration over 28. Had meat a week after operation, and went out on February 24th, fifteen days afterwards, with wound quite healed.

The foreign body appears to be the drop of a jet earring, is solid, and has a piece of wire projecting from one end. It weighs 28 grains, and measures 11-16th of an inch in its longest diameter.

THE British Home for Incurables has received the munificent donation of £1000 from "C. D. T."

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 10TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ANALYSIS OF 184 CASES OF STONE IN THE BLADDER OF THE ADULT TREATED BY LITHOTRITY.

BY SIR HENRY THOMPSON, F.R.C.S.,

SURGEON-EXTRAORDINARY TO H.M. THE KING OF THE BELGIANS, SURGEON AND PROFESSOR OF CLINICAL SURGERY TO UNIVERSITY COLLEGE HOSPITAL.

THE author presented a series of 184 consecutive cases of lithotrity in the adult, operated upon within a recent period; all treated by the same method and with the same instruments. He furnished all the most important details relating to each case, and presented the stone itself in almost every instance, preserved for inspection. His object was to make an impartial estimate of the crushing operation, to ascertain its real value, and its place amongst surgical operations. Although this had never yet been fully done, he regarded Sir B. Brodie's last communication to the Medical and Chirurgical Society as perhaps the most trustworthy and valuable record, so far as it goes, which exists on the subject. In order to accomplish this object, he had made carefully written records of every case; and he cited the following circumstances as necessary to be taken into consideration: that the 184 cases had been treated by a uniform method, within a comparatively brief period of time; that all were adults, and embraced much variety of constitution; that all the important facts relative to each were noted in a history of each one, which was attached to the paper as an appendix; and that a large proportion of the calculi were of considerable size. And the author believed he was correct in saying that so complete an opportunity for studying the results of lithotrity had not been offered hitherto, since, as far as he was aware, the data necessary for the formation of a judgment had not been presented to the profession, either in this country or elsewhere.

The results of the operation were discussed under the following heads:—1st. The rate per cent. of recovery after the operation, and the causes of death when it occurred. 2nd. The general condition of the patient after the operation. 3rd. The frequency of recurrence of stone after lithotrity.

The chief facts relative to the 184 cases were as follows. They were consecutive in point of time, no case being omitted; that all were adults, and mostly of advanced age; that they included many individuals of very feeble health and constitution; that they were chiefly British, although several were from other nations. The mean age of the 184 cases was no less than sixty-one years. The youngest was twenty-two years old. Only three were below thirty years. The oldest was eighty-four years. There were forty-six cases of seventy years and upward. With very few exceptions, all stones of an ounce and upward were reserved for lithotomy. All obviously below that were crushed. Not one case was refused operation, not one was left unfinished, and in no instance was an operation of lithotrity completed by lithotomy. The recoveries, reckoning every kind of casualty following the operation, were 93 per cent.; but omitting five cases of death, not by any means due to it, the mortality amounted to only 4 per cent. A second operation for recurrence of the stone was performed for thirteen of the 184 cases; 122 were uric acid and the urates; 16 were mixed; 40 were phosphatic; 4 oxalate of lime; 1 cystic oxide; and 1 pure phosphate of lime.

The important logical conclusion to be derived from the mass of facts considered was, that lithotrity is an eminently successful operation. For a certain number of cases, its success may be regarded as a certainty—absolutely without fear of any contingency, except such as attends the minor operations of surgery,—for example, the opening of a small abscess, or the passing of a catheter. For the author stated that he had never lost a patient in the whole course of his experience after crushing a stone which was no larger than a small nut; and this he considered was a size at which, with few exceptions, every stone ought to be discovered. But this very fact led the author to remark

that the success of lithotrity cannot therefore be considered apart from a knowledge of the extent, in regard of the magnitude of the stone and the constitution of the patient, to which the capabilities of the operation have been pushed. When it is employed for stones as large as a date, or a small chesnut—and it is impossible to deny the excellent chance of success which this method offers to the subjects of such stones—a certain, but still only small, proportion of deaths must be expected. And the rate of mortality will correspond with augmentation in the size of the stone, and with the amount of existing disease and age on the part of the patient. Given a small stone in a fairly healthy person, and success is certain; the possibility of contingency in such a case depending only on the presence of those remote and excessively rare conditions which will make for an individual here and there the mere passing of a catheter a cause of death.

The rule observed had been, for the most part, to apply lithotrity to all calculi obviously less than an ounce in weight, easily discovered by sounding, and to operate on all larger ones by lithotomy.

Mr. CADGE, of Norwich, observed that that city, although fertile in many good things, was also fertile in stone. He had himself been house-surgeon, and afterwards private assistant, to the late Mr. Liston, and possessed unpublished records of his cases, which, together with his own, amounted to 105, among which there were ten deaths, six of them being attributable to the operation. There were ten recurrences of stone; and, of the ninety-five patients who survived the operation, some made only partial recoveries. The great success attained by the author of the paper might make others almost envious; but it also suggested the inquiry, how is such success to be explained? Partly, no doubt, by personal skill; partly also from the class of patients operated upon. Of his own patients, fully one half were hospital cases. Putting aside the deaths, he wished to know what became of the remaining 93 per cent.? They could not all be cured. There must be among them a considerable amount of residual evil. He regarded the recurrence of stone as the weak point of lithotrity. If 100 cases cut and cured were compared with 100 crushed and cured, the former would be found to be cured more completely and more permanently than the latter, and the reasons for the difference were not far to seek. A large percentage of the patients have reached what may be called the prostatic age, and have complications which render it difficult for them to rid themselves, or for the operator to rid them, of the last wee bit of the calculus. If one wee bit remain, it forms the nucleus of an inevitable recurrence. He could not admit that cystitis was ever a cause of stone, or that concretions ever formed in the bladder itself, except upon a nucleus that had either descended from the kidney or had been furnished in some other manner. He took it for granted that in cases of recurrence something had been left behind. If it were fair to give instances, it would be easy to do so, and it was very difficult to be sure of the absence of stone. He almost regretted these remarks, because they seemed to be in some measure directed against an operation which he nevertheless regarded as one of the most brilliant achievements of modern surgery.

Mr. WALTER COULSON thought that one effect of the paper would be to silence the opponents of lithotrity, if, indeed, any remained. He then quoted the statistics of Civiale, Brodie, and Keith, and compared them with those of the author; and asked what had been the state of the bladder after the operation in the author's cases. It often happened that a lithotrity, in all other respects successful, was followed by impairment of expulsive power, and by a consequent train of distressing symptoms.

Mr. ERICHSEN believed the time had now come at which lithotomy and lithotrity should be regarded as absolutely distinct, and at which the surgeon should be prepared to choose between them with regard to any particular stone and any particular bladder. In this choice, indeed, the skill of the surgeon is displayed. The author had brought before the Society the results only of his operations in lithotrity; and there was no other example of 180 consecutive cases having been treated so successfully. Civiale's statistics were not trustworthy, because he did not recognise the true character of deaths that were remotely dependent upon the operation; nor, even in his later years, all the after consequences arising from it. As a chief element in the author's great success, putting aside personal questions, he thought the early recognition of stone was the most important. In respect of the recurrence of stone after lithotrity, he altogether differed from Mr. Cadge with regard to the necessary presence of a residual fragment; and had repeatedly seen the formation of distinctly cystic nuclei in cases of spinal injury. Mr. Coulson had hit the weak point of the operation in his remarks upon subsequent atony of the bladder. He had not unfrequently seen this after lithotrity, and it was a fatal condition for the aged, who might, indeed, live on for a year or two, but even then in constant peril.

Mr. JONATHAN HUTCHINSON asked whether there had not been at least one of the cases in which lithotrity had failed to relieve the patient, and in which lithotomy was afterwards performed.

Mr. CHARLES BROOKE agreed with Mr. Cadge rather than with Mr. Erichsen, on the question of a residual fragment in cases of recurrence. The sounding board was of especial value in assisting the surgeon to detect small fragments, a fact of which Nélaton had convinced himself in 1855.

Mr. TEEVAN thought the question really was whether the surgeon would succeed best by practising both operations, or one only. The ultimate success of lithotrity was less than was supposed.

Dr. ALTHAUS said that at Heidelberg, twenty years ago, Professor Chelius cut eighty patients in succession, among whom there were only four deaths.

Sir H. THOMPSON asked the ages of these patients, but Dr. Althaus could not tell.

Mr. DE MÉRIC asked for further information about the alleged unwillingness to operate in French hospitals, and expressed a hope that the author sought so to train his pupils that his mantle might in time descend upon them.

A VISITOR said that he was house-surgeon to University College Hospital, and bore testimony to the author's careful teaching.

Sir HENRY THOMPSON, in replying to the various speakers, said that he had endeavoured, in his statistics, to supply what he had found to be imperfections in previous records, none of which gave the number of patients. Thus, in Civiale's cases many patients figured more than once. With regard to atony of the bladder, he had often observed it; and it was often present before the operation, but masked by more prominent symptoms. Neither lithotrity nor lithotomy would do more than remove the stone; and from 20 to 30 per cent. of the patients would have other urinary troubles. He accepted recurrence as the opprobrium of lithotrity, and valued any method by which the last fragment could be more certainly discovered. Of late years he had used with great advantage Mr. Clover's instrument for washing out the bladder. In the case referred to by Mr. Hutchinson he had crushed and removed two or three small uric-acid stones in October; and it was necessary to perform lithotomy five months later, but not for the same stone. In Paris, according to his observation, it was not uncommon for an operation to be adjourned *sine die*.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 5TH, 1870.

DR. BRAXTON HICKS, TREASURER, IN THE CHAIR.

DR. HEYWOOD SMITH showed a specimen of Blighted Twin Ovum.

Dr. W. S. PLAYFAIR showed a Malformed Heart from a cyanotic child that had lived to the age of nine months. In this there were two auricles, but practically only one ventricle, the left ventricle being almost rudimentary. Both the aorta and pulmonary arteries took their origin from the right ventricle.

Dr. WYNN WILLIAMS read a paper "On a case of Persistent Sickness, in which labour was induced after the full period had elapsed."

Dr. BRUNTON read a paper "On Two Cases of Twins, in which, whilst the first child presented naturally, there was placental presentation with the second."

Mr. SQUIRE read a paper "On Temperature Deviations in the Diseases of Children." These observations were presented to the Society much in the order pursued in the inquiry. The first object was to gain by them a more definite idea of the natural history of the states of disease to

which children are most liable; next to show their value in diagnosis, especially as an aid to the early detection of the infectious diseases; and, lastly, their bearing on questions of therapeutics and hygiene. Some of the infectious diseases have a long incubative period, and the temperature falls on the throwing out of the rash, or on the local manifestation. This is seen in measles and in mumps. Others have a short incubative period, the temperature afterwards not having the same readiness to fall, as in scarlet fever, where, though the skin is the first tissue to be affected, it is by no means the last. Temperature changes accompanied a definite pre-eruptive period in measles and mumps. The incubative period, and the course of the disease, and of chicken-pox and rubeolæ were traced; a variety of the latter, with scarlet fever-like rash, was clearly distinguishable from scarlet fever by a fall of temperature attending the rash. Influenza and whooping-cough were classed with scarlet fever, and numerous temperature observations of the whole course of these diseases illustrated their analogies. Influenza, like scarlet fever, is suddenly febrile, but the pyrexia has a tendency to subsidence on the third day; when it goes on to broncho-pneumonia, it is somewhat longer; and then there is a sudden fall of temperature when secretion begins. Its passage into diarrhœa, gastric catarrh, quinsy, or herpetic or ulcerated sore-throat, was noticed, and three instances in different families given, where adults had the latter affection, while children suffered from influenza. Whooping-cough is shown to have a preliminary pyrexial period of from five to seven days, most marked in the most insidious cases. This also is true of diphtheria, and forms one of its chief distinctions from scarlet fever. There is a close correspondence between some of the observations in whooping-cough to those made in influenza and croup; but these two diseases, essentially identical, differ from it at first in being suddenly febrile, as well as in the after consequences. In diagnosis the distinction between typhoid fever and meningitis was illustrated by cases in infants. It is seldom that a single temperature observation could or should be made the basis of a diagnosis; it is not to show *what* a disease is, but *how* it affects the patient that the temperatures are taken. Elevation of temperature is indicative of disease of some kind, but the absence of disease cannot be affirmed because the temperature is unaffected. During the rapid growth of childhood sudden rises of temperature occur which do not show danger, but only necessity for care. After these disturbances, not always subsiding at once if there is bad air, bad food, or bad health, sometimes pulmonary or glandular congestions or deposits occur, and are found with a low temperature. The more sudden high temperatures of rapid growth have often been associated with gastric rather than pulmonary congestion. In therapeutics, a novel form of empiricism is to seek remedies to reduce temperature. The subsiding of temperature under certain forms of treatment is perhaps a good proof of the efficacy of treatment in the particular form of disease present. In this way the efficacy of cold to the surface in typhoid, and of quinine in the first week of scarlet fever, is evident. Quinine has at once checked the pyrexia in the early stage of whooping-cough, and has had no effect in its later stages, where a combination of atropine and morphia (one-sixteenth of a grain of each) has been useful. In one case, where, at a still later period, a temperature of 103° persisted, the use of a solution of chloride of ammonium in the form of spray, and fresh air, reduced this high temperature to 99° in two days. Chloral, though often useful in whooping-cough, and of some benefit here, did not reduce temperature, as, by giving sleep, it generally does. While temperature is high, sleep is impossible, and much of the nocturnal delirium and wakefulness of children in some illnesses is owing to this, especially in the first effects of a zymotic poison. This is when quinine is so useful. On the other hand, a marked increase of temperature results when the eliminating system is followed too closely. Dilute the poison by all means, by pure air especially; remove what you can; but to eliminate a poison, if that were possible, instead of eliminating the fluids of the body, the quantity of poison eliminated can only be in proportion to the diseased action present, so that to increase the one you increase the other. Though children in health have a lower temperature at night than in the day, yet when the depression is great some hygienic effects are inferable. Where the author found as low a temperature as 97° in the night, he also found a low range in the day, and a special connexion between this and a dislike to or deprivation of fatty food. In a collection of facts every conjecture is an error; yet it is possible that a low or easily depressed temperature may prove a useful guide in correcting the diet tables of workhouses and schools.

DR. WOODMAN asked Mr. Squire how long he allowed the thermometer to remain in the axilla or rectum. His reason for asking this was that the temperatures observed by Mr. Squire were rather lower than those of most Continental observers, and some, indeed, seemed almost normal.

Dr. RASCH was of opinion that the accuracy of observations could not be depended on unless the thermometer were allowed to remain at least a quarter of an hour or twenty minutes in the axilla. The experience of all who had paid most attention to the subject was that a perfectly accurate temperature was not obtainable in two or three minutes.

Dr. J. J. PHILLIPS referred to some observations furnished by Mr. Goodhart in the last number of the Guy's Hospital Reports, tending to prove that, for practical purposes, three minutes was a sufficient time to allow the thermometer to remain in the axilla, if care was taken to hold its bulb in close apposition to the skin.

Dr. WILTSHIRE said that for all ordinary purposes the insertion of the thermometer for three minutes was sufficient, since the point to be ascertained was whether there was a marked rise of temperature or not. In cases in which very careful measurements were desirable, he agreed with Dr. Rasch that a prolonged observation should be made. Dr. Wiltshire could not agree with Mr. Squire that rash was the first symptom in scarlet fever. He considered sore-throat to be a much earlier symptom than eruption; and, further, if the rash were the first symptom, it rendered the use of the thermometer superfluous. The fact mentioned by Mr. Squire, that in pyrexial disorders of the influenza class the temperature fell as soon as expectoration was established, he (Dr. Wiltshire) considered to be very valuable as justifying the empirical treatment by salines, expectorants, &c., which sought to promote expectoration. He believed that ere long much benefit would accrue from such observations, when a sufficient number had been made to admit of their being arranged and tabulated.

Mr. SQUIRE said that the thermometer had been retained in close contact with the skin from two to five minutes, and the accuracy of the observations secured by frequent comparisons. Evening visits were often made, because the elevation of temperature at that time was of the greatest importance, and was sometimes the only indication of the ingress of infectious diseases. We might thus prevent the spread of the disease by early isolation. In the scarlet fever temperature-tables the beneficial influence of quinine could be distinctly traced. The same might be said of some cases of whooping-cough and tuberculosis.

Reviews and Notices of Books.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs, in a series of Coloured Plates taken from Nature; with Commentaries, Notes, and Cases. By HENRY SAVAGE, M.D. Lond., F.R.C.S., one of the Consulting Medical Officers of the Samaritan Hospital for Women. Second Edition. 16 Plates. London: Churchill and Sons. 1870.

DR. SAVAGE'S excellent plates of the anatomy of the female pelvis are already well known to the profession; and he has in the present edition increased their number by five, which are partly anatomical and partly devoted to the surgery of the female organs. Plate 1, which is new, is devoted to the illustration of the muscles of the female perineum, upon which Dr. Savage holds views differing from those of most of the British teachers of anatomy. The sphincter vaginæ of the anatomist, which is commonly said to form continuous figure-of-8 loops with the sphincter ani, becomes the bulbo-cavernosus, and is shown by Dr. Savage to arise from the perineal body (a special fibrous structure of the female perineum recognised by Henle and Richet), and

from the perineal fascia as it stretches across from the tuberosity to the central point of the perineum. The levator ani is divided by Dr. Savage into two parts: the pubo-coccygeus, the fibres of which pass backwards from the pubes to the tip of the coccyx; and the obturato-coccygeus, from the fascia to the side of the bone. The coccygeus muscle is named by the author the "ischio-coccygeus." The oblique direction of the fibres of the pubo-coccygeus is particularly insisted upon by Dr. Savage as having an important action upon the mechanism of parturition; and the dissection of these is especially well shown in Plate 7, Fig. 1 (a new plate), and in Plate 9, Fig. 2, which has been redrawn for the purpose. Plate 8, Fig. 2, has also been redrawn by Léveillé, in order to illustrate the normal relation of the uterus and bladder to the pelvis when in health. Speaking of the uterus, Dr. Savage says:—"It stands upright within the pelvis, between the bladder and rectum, its borders looking transversely, its surfaces front and back. The upper surface of its larger end is generally on a level with the plane of the pelvic inlet (never higher, oftener lower), about three-quarters of an inch in front of the upper part of the sacrum. The end of the cervix marks nearly the centre of the pelvic cavity—the centre of a general radius of about two inches." To this Plate 8 the author has appended a very extensive commentary, discussing, first, the anatomy of the organs, and then quoting cases illustrating the bearing of the anatomy upon the following affections: erectile thrombus of the uterus, pelvic abscess, complete inversion of the vagina, hypertrophic elongation of the supra-vaginal uterine cervix, inversion of the uterus, uterine tumours, anomalies of the uterine system, &c. This portion is one of the most valuable of the work; and though the author is strongly in favour of well-chosen operative procedures, he allows that there are cases unsuitable for such interference, as the last sentence of this section will show:—"A vast proportion of maladies referred to the uterus are moral, mental, or marital (some of them scrofulous). Such are not only rebellious (their real causes being overlooked) to instrumentation, but are aggravated as well as protracted by any sort of treatment of that character."

In addition to the plate illustrating the plastic surgery of the female perineum which appeared in the last edition, Dr. Savage has given two more plates to explain the mode (Sims's) of operating for vesico-vaginal fistula, and the instruments employed. No one can fail, after perusing the description and examining the plates, to understand the method fully. A woodcut is introduced to show a retractor devised by Mr. Foveaux, of the firm of Weiss and Son, at the suggestion of Dr. Savage; the advantages of which are, that the instrument is self-retaining, and that it enables the operator to adjust the parts to a nicety for his manipulations. Plate 16, which is partly imitated from Krapowski, shows the different manipulations necessary in performing ovariotomy, or, as the author more correctly terms it, "gastrotomy, for the removal of tumours connected with the uterus." Here also, in the commentary, some valuable cases are quoted, illustrating unusual occurrences in this operation.

Dr. Savage's work is one which does credit to his originality, and also to his patience, which must often have been severely tried in the extended anatomical investigations he has undertaken.

Traité Clinique et Experimental des Embolies Capillaires. Par M. V. FELTZ, Professeur agrégé à la Faculté de Médecine de Strasbourgh. Second Edition. Baillière. 1870.

M. FELTZ's work is one which treats of a very important subject, and gives details of it that are replete with interest. By ingenious and well-devised experiments, and by carefully conducted post-mortem examinations, he has added very largely to the information previously possessed upon vascular embolia, whilst he has enabled the reader to follow his descriptions by appending numerous and excellent coloured lithographic and photographic representations of the diseased conditions observed. As the title of the book indicates, he has chiefly occupied himself with embolia of the capillaries, and these he has produced in various modes. His observations include the results of experiments made upon the capillaries of the system generally, on those of the lungs, and finally on those of the venæ portæ. In a first series rabbits and guinea-pigs were the subjects, and death was produced by injecting into their veins charcoal powder or pulverised fibrin; death always resulted within five minutes, and was sometimes immediate. In these cases the lungs were found gorged with blood, and microscopic investigation showed the presence of the particles of these substances in the tissue of the organ. Death was shown to occur, not from defective supply of air, but of blood, thus demonstrating that arrest of blood in the capillaries may be equally productive of asphyxia as the plugging of large trunks. Other conditions, however, are usually present. The author gives the details of an interesting case of phlegmasia dolens, in which, after the employment of appropriate remedies, great improvement took place, until the patient had a sudden attack of dyspnœa, with no auscultatory evidence of disease. Temporary recovery occurred, but the dyspnœa returned, and in the attack the patient died, and he obtained evidence of capillary embolia in the vessels of the lung. Such attacks of suffocation he regards as almost positive indications of capillary embolia of the lungs. He proceeds to show by experimental evidence that similar conditions of the pulmonary capillaries play an important part in the morbid processes observed in consequence of burns and frost-bites, as had previously been shown with regard to burns by Wilks.

M. Feltz shows that when death is not produced by the embolia, they lead to the formation of pulmonary infarctus. These consist of local congestion, accompanied by rupture of the distended capillaries on the proximal side of the embolia, ultimately terminating in abscess, which may again lead to further mischief, or may heal; and the changes that result in either case are carefully followed out. The diseased conditions induced by the injection of similar materials into the arteries and into the rootlets of the vena cava are given. Anæmia was constant, but jaundice never occurred. It is interesting to observe that the particles of charcoal dust, or other foreign bodies, never traversed the capillaries, but were always stopped by them.

In regard to the much-debated question of the inoculability of tubercle, M. Feltz acknowledges that it may excite lesions in various parts of the body. These, however, he maintains are not tubercles *properly* so called, but infarctus or abscesses, though the difference can be established only by the application of the microscope. The abscesses owe their origin to capillary embolia resulting from inflammatory thrombus of the wound, or entering the circulation in consequence of rupture of the vascular ramusculi at the place when the foreign substance has been introduced.

We cannot conclude without bestowing a word of praise on the bibliography, which is extremely full and accurate, and on the plates (twelve in number), which are very well drawn and coloured.

DR. TRENCH has reported to the Health Committee of Liverpool that relapsing fever has made its appearance in a virulent form in a section of the city.

THE LANCET.

LONDON: SATURDAY, JUNE 4, 1870.

THE Bill does absolutely nothing but harm. There are other reasons for rejecting the Medical Bill of the Government, but the entire evasion of the question of the Medical Council is, by itself, a sufficient reason for regarding this measure as an altogether unsatisfactory attempt to rectify the things that are wrong in the system by which the education of the medical profession is regulated and supervised. The question of the constitution of the Medical Council is radical—it lies at the root of the whole matter; and if this Bill cannot be made to include it, better by far let legislation be deferred for another session. At the same time we do not see the need of any such postponement. We see no reason why the question should not yet be taken up and settled by the Government. Failing this, we see no reason why it should not be taken up by one or other of the members to whom the profession looks for the guidance of the House of Commons. On the Government mainly will rest the responsibility, if the question should not be settled this year. A few corporations, and, if all accounts be true, a few universities, may oppose the Bill; but this opposition would not matter much if the whole profession cordially supported the Bill, as it would do if the Medical Council were reconstituted. The refusal to do this is the one defect which the profession cannot forgive. It must use every effort to remedy this defect, or to throw out the Bill. Let us notice a few of the manifold bearings of the present constitution of the Council.

First, the constitution of the Medical Council is to blame for the assertion of the claims of the Privy Council. It is true the Government have abandoned the claim to a right to *modify* the schemes of the Medical Council. But they still retain, by the amendments of Lord DE GREY, the right of confirming the schemes and regulations of the Medical Council; so that no examining board, and no rules for conducting examinations, shall be valid until they receive the *imprimatur* of the Privy Council—that is, of the medical adviser of the Privy Council, who may not always be such a sagacious one as at present. Now, we blame the constitution of the Medical Council for this demand on the part of the Privy Council. If the Medical Council were composed differently, it would not be treated with such disrespect as is implied in subjecting all its regulations and schemes to the approval of a Government department. We know well that the Government, in the interest of the State, has a right to a voice in regulations affecting the competency of the medical profession. It is reasonable, and in no way detracts from the dignity of the Council, that the State should have such a voice. But it has six voices. It sends six members to the Medical Council—to wit, Drs. PARKES, CHRISTISON, RUMSEY, SHARPEY, STOKES, and QUAIN. Surely the combined wisdom and magnanimity of these men is enough to secure the interest of the State; or, rather, it would be enough if they were not overborne by the influence of the corporations, and obliged to consider in the Council, not what is best, but what can be carried all bodies considered. And the Government, seeing the undue influence of the corporations, say, we will take the final power into our own hands, and no act of the Medical Council shall have any force till we sanction it. Surely it is to pay dearly for a Council, composed of corporations, to barter away for it the independence and the authority of the body that regulates the medical profession. If the Medical Council were composed differently it would be more respected, and full powers might safely be conceded to it. As it is, it is even afraid of itself. There was not a little satisfaction among the members at the power claimed by the Privy Council, to which a section of the Council will evidently always be appealing to save it from what it will consider the tyranny of the other section.

Secondly, the constitution of the Council is to blame for its great unpopularity in the profession. It may be very ungenerous, but men will not believe in the disinterestedness of corporations. And when a great effort is being made to diminish the number of licensing bodies, it is more and more unintelligible to the profession that they should all be left in full power in the Medical Council to jangle and to haggle about surplus fees and such-like questions. Very humble homilies have been written of late by some of our contemporaries on the virtues of corporations, and on all their services to the profession. But, as far as we can see, they have not been received by the profession, which has little to associate with its corporations other than the passing of examinations and the payment of large fees. The corporations, did they see what was for their own interest, would help the profession to some direct representation, even if room had to be found for this in the Council by combining the representation of two or three of the medical bodies in one person. When any such spirit is shown by the bodies which make up the Council, they will receive the gratitude and the confidence of the profession, and their action in the Medical Council will have just praise. As it is, even their very good is sure to be evil spoken of.

It is a sufficient reason for rejecting this Bill that it does not reconstitute the Medical Council. But what does it do? Absolutely nothing. As originally composed, it seemed to recognise but one portal to the profession. As now amended by Lord DE GREY, all the nineteen bodies may still grant two or three qualifications, which will have all the moral, if not the legal, value of licences to practise. So we shall have three more portals than ever. It provides, indeed, remotely and in a very objectionable way, for a Conjoint Board. But this object will be obtained without a Bill. It makes no adequate provision for the prosecution of offenders against the Medical Act. It unsettles everything in our present system, and it settles nothing.

THE present number of our journal contains two papers which are of considerable importance at the present moment: one, an Address by Professor HUXLEY, delivered to the students of University College on the occasion of the distribution of the medical prizes; and the other, an account of the practical examinations at the College of

Surgeons, by a correspondent, who has given details of what he witnessed which will interest both the older and the younger of our readers.

Professor HUXLEY's address, which was a remarkable specimen of high-toned eloquence, not without an undercurrent of a playful character, goes to the root of medical teaching when it remarks upon the wide range but unsatisfactory foundation of much of the knowledge of the schools. As was to be anticipated in a teacher and examiner in physiology, Professor HUXLEY complained most of the shortcomings in his own subject; but we believe he might have taken a wider view had he so pleased, and have pronounced the greater part of a student's teaching to be unsatisfactory at bottom. The cure advocated by the lecturer, as far as physiology is concerned, is to make the teaching as practical as the teaching of anatomy is in the dissecting room, where each pupil handles the scalpel himself, and thus creates, as it were, for himself his own knowledge. The account of the examinations at the College of Surgeons shows that, whilst, as regards anatomy, the first examination is most satisfactory, as regards practical physiology it is absolutely a nullity; and, again, that the second examination, whilst nearly perfect in some particulars, lacks altogether all reference to the most important subject for a practitioner—the examination of actual patients. It must not be concealed, moreover, that, even as these examinations stand at present, many students fail to come up to a not very high standard of excellence, and this principally in the practical portions of the test. Students who can write fluently enough on anatomical details, are found to be quite unable to point out the parts on the dissected subject; and, again, students who discourse learnedly on the varieties of fractures and dislocations, fail ignominiously when asked to select and apply a suitable splint for a given fracture, or to go through the steps of reducing a dislocation.

The present happens, therefore, to be a most opportune moment for the appearance of the new regulations of the College of Surgeons affecting the curriculum of medical study, to which we briefly referred a fortnight back. These are based upon a Report of the Court of Examiners adopted in January last, in which the Court deplores, and we think with reason, the total abolition of a limited apprenticeship, or at least an equivalent residence of a pupil under the eye of a medical practitioner. Passing by this, however, as a question too wide for discussion at the present moment, we find the Examiners expressing themselves as follows:—

"In our judgment, too much reliance is placed on lectures, and too little provision is made for practical teaching. The prevailing defects in candidates for the diploma of member are want of accurate knowedge of objects and facts, and want of skill in using the appliances of surgery. For these defects the remedy is the addition of practical teaching in every part of necessary knowledge in which it does not now exist, together with its greater completeness where any does exist."

The new regulations appear to us excellently adapted to fulfil these objects. A practical course of general anatomy and physiology, in which the learners shall individuallly be engaged in the necessary experiments, manipulations, &c., and consisting of not less than thirty meetings of the class, is to be substituted for the present attendance on a second course of physiological lectures. Professor HUXLEY will rejoice with us in this early fulfilment of his wishes; and, as the Council has already determined to appoint special examiners in physiology, there will shortly be no reason why the student's physiological knowledge should not be fully tested. In the more practical duties of surgical teaching, also, a great improvement is about to be made; for, in lieu of a second course of systematic lectures on surgery, the student will attend a practical course, in which he will be exercised in the following important matters: the application of anatomical facts to surgery, on the living person, or on the dead body; the methods of proceeding and the manipulations necessary in order to detect the effect of diseases and accidents, put in practice as in the foregoing example; the performance, where practicable, of the operations of surgery on the dead body; the use of surgical apparatus; the examination of diseased structures, as illustrated in the contents of a museum of morbid anatomy and otherwise. The existing regulations requiring every pupil to have been a dresser, or to have had in some other satisfactory way personal charge of patients, will still remain in force; and a useful addition is made by requiring attendance upon demonstrations in the post-mortem room of a recognised hospital—a subject too often totally neglected at present. Last, but not least, comes the regulation that the knowledge of candidates for the membership in the examination of patients will shortly be tested by making use of the facilities afforded in the out-patient departments of the several recognised metropolitan hospitals. *Finis coronat opus.*

AN important piece of domestic legislation is now before us in the Bill, as amended in committee, for the Regulation and Inspection of Mines. The measure provides that on the 1st January, 1871, it shall be unlawful for any child under twelve years of age, or for any woman, to be employed in mines of any description; while, subject to reasonable exceptions, no male young person under the age of sixteen and above the age of twelve shall be employed in these places. To all women, young persons, and children, employed above ground in connexion with any mine, the provisions of the Workshops Regulation Act, 1867, shall be extended, just as if the place in which they are so employed were a workshop within the meaning of that Act, and their employment a handicraft. In the working of engines, windlasses, or gins by steam or mechanical power, the person in charge must be a male of at least eighteen years; but if such machinery be worked by an animal, the person in charge must be a male of not less than fifteen years of age.

In the matter of wages, one salutary provision in the present Act forbids them to be paid within any public-house, beer-shop, or place of refreshment or entertainment. The moral danger thus guarded against is only less than the physical dangers which occupy the greater portion of the Act. Henceforth no mine shall have fewer than two shafts, separated by natural strata of not less than ten feet in breadth, thereby affording distinct means of ingress and egress to the persons employed in any seam. This regulation does not, of course, apply to new mines opened by

way of experiment or proved to contain a quantity of mineral insufficient to repay the outlay which would be incurred by the sinking of a second shaft. Indeed, the exemptions from the chief rules are as reasonable as is compatible with the proper protection of the miner; and, therefore, justify the framers of the Act in the stringency with which they enforce the more imperative regulations. Of these, we may enumerate the following:—Every shaft of every mine in which machinery is used for lowering and raising persons shall be provided with proper means of communicating definite signals from the bottom to the surface, and from the surface to the bottom of the shaft; while, in coal mines particularly, ventilation shall be provided adequate to dilute and render harmless all noxious gases; every place suspected of containing dangerous gas shall be so fenced as to exclude access; and, above all, wherever there is likely to be an accumulation of explosive vapour, no lamp or light shall be used other than a safety-lamp. Finally, that utensil shall not be employed until it has been first examined and securely locked by a competent person, duly authorised for this purpose; while it shall be an offence against the Act for any person to unlock or wilfully damage a safety-lamp, or use one which he knows to be defective, or even has in his possession any key or contrivance of any kind to unlock the lamp, or any lucifer match or apparatus for striking a light.

Special rules for individual mines shall be submitted first to the inspector, and through him to the Secretary of State. Duly qualified inspectors, indeed, have so much in their power that the Secretary of State, in whom their appointment is vested, would best consult his own convenience if he made as judicious a choice of these gentlemen as possible. It is all very well to enact that no person who practises as a land agent, or as a manager, viewer, or agent, or mining engineer, or valuer of mines, or arbitrator of differences arising between owners of mines, shall act as an inspector. We must have in such a functionary the qualifications which medical education can alone confer, before the many sanitary considerations involved in the welfare of the miner can receive adequate attention. Ventilation and the pathological effects of imperfectly oxygenated air can be properly dealt with only by men whose chemical and physiological culture has been practically tested by experience in hospitals; but these are but two out of a multitude of conditions of which the medical graduate or licentiate is the only qualified judge. All the circumstances affecting the miner's health and that of his household, above as well as under ground, come legitimately within the inspector's province. Here, therefore, medical culture ought to be a primary requisite in the selection and appointment of such a functionary. We desiderate in the present Act, excellent as it is in its amended form, such regulations for the securing of adequate inspection as its more complex provisions have necessitated. Until some such legislation is effected, we shall scarcely be sure that the Act receives sufficient justice, or that we shall be safe against the blunders so often made by inspectors, especially when a coroner's inquest requires from them the medical knowledge and experience which so few of them possess.

THAT a public hospital, standing before the very eyes of the wealthiest inhabitants of the wealthiest city in the world, should at this moment be unable to admit all the applicants for admission which the wards are capable of accommodating for want of a paltry £2500 a year, or less than a halfpenny in the pound upon the rental of the neighbouring houses, is, indeed, a public scandal. St. George's Hospital cannot even pay its way. The invested capital is becoming less annually. And all this in spite of the exertions of distinguished orators, great divines, bishops of the Church, and even Royalty itself, all backed up by the assistance of the press. With Lord CARNARVON, we think it important to ask how this can be? It cannot be explained by any lack of charity. Never was there a time when genuine distress was more generously thought of and relieved. No; the springs of charity lie too deep in the heart, and, whilst protected by religion, may surely be relied on for a perennial flow. There must be some other cause. And let us ask that the question may be boldly met. Is it quite true, as Lord DERBY suggested, that the case of hospitals is indeed so clear, so good, so obvious, so unanswerable, that there is nothing to contend for, no one to argue against them? It might be well, said he, if some gentleman of a critical and controversial turn of mind were to go round and make a point of arguing against this or that hospital or charity; and we agree with him, because, at all events, the truth between them would come out. The spirit of doubt would not have appeared in the next morning's papers; and the feeling of discontent which has been so long smouldering in the ranks of the medical profession would not have resulted in the large and separate meeting which has so recently been held. We think it most desirable that the managers of all our hospitals should open their eyes to the signs around them. There are indications of a great crisis which must affect them deeply. A reform, as regards the general administration of medical charity, is inevitable, and hospitals will not escape its influence.

There is a feeling, smothered as yet, but assuming daily more and more importance, that certain abuses are permitted to exist—that subscriptions are given to hospitals for the purpose of providing for poor relations, and for affording gratuitous advice to the well-paid domestics of rich households and the *employés* of flourishing establishments. There are many who agree with the writer in *The Times* that it is not wise that well-to-do artisans should receive gratuitous assistance at the hospital as a matter of course, and so be enabled to spend the fees they would otherwise easily afford in the support of trades' unions and strikes. In fact, a spirit of distrust is springing up, which, if not promptly removed, is calculated to do irreparable injury to all such institutions.

The sooner this question is met the better. The medical profession alone cannot deal with it. At St. George's Hospital, in particular, the members of the staff are placed in a peculiarly delicate position. It is nothing but natural that my lady should wish her maid to enjoy the assistance of the eminent surgeon or physician who attends herself, and that she should send her to the hospital; and the surgeon or physician would find it extremely difficult to refuse,

although he might know that he was replacing a badly paid practitioner in the neighbouring street, whom either mistress or maid could well afford to pay. No; if the subject is to be dealt with satisfactorily, the managers of hospitals must unite cordially in effecting the necessary reforms. Convince the public that the funds they subscribe are distributed with discrimination, and even if five hundred beds were wanted, in the place of fifty, we believe that the means would be forthcoming to sustain them.

Medical Annotations.

"Ne quid nimis."

MILITARY HYGIENE.

DR. DE CHAUMONT delivered an able and interesting lecture on the above subject at the Royal United Service Institution on May 27th. Sir Galbraith Logan, K.C.B., the Director-General of the Army Medical Department, occupied the chair; and there was a good attendance of medical officers and others interested in sanitary science. Dr. de Chaumont treated his subject in its physiological, chemical, and practical bearings. After alluding to the wide range of inquiry which hygiene embraces, he attempted to define its nature and aims. Although but recently placed on a scientific basis, hygiene is by no means a new object of human study; it is at least as old as history itself. Referring to the Hebrew, Greek, and Roman nations, the lecturer went on to say that it was reserved for the fanatical asceticism of the middle ages to outrage every law of health, to impose upon the world the idea of the contemptibility of caring for the body, and, in fact, to accomplish what might be fitly termed the apotheosis of filth. The researches of the Royal Commission of 1857 showed that the death-rate of the soldier at home was, up to that time, *twice* that of the civil population of the same ages—a death-rate mainly owing to typhoid fever and pulmonary consumption. The former is due almost entirely to bad conservancy—that is, neglect in the removal of excreta; and the latter to bad air. Imperfectly as the recommendations of the Barrack Commission of 1858 were carried out, the result has been that the death-rate of the soldier now is reduced to one-half of what it was before the Crimean war. The recommendations of the Barrack Commission were that each soldier should have 600 cubic feet of space in barracks and 1200 in hospitals, and that the air of this space should be changed twice in the hour, thus giving 1200 cubic feet per head per hour in barracks and 2400 in hospitals. Dr. de Chaumont, having made detailed experimental inquiries in a good many barracks and hospitals, exhibited the results in a table, from which it was seen that the rate of change of air was considerably below *twice* in the hour in the majority of instances; so that to provide even the moderate amount of air proposed by the Barrack Commissioners a much larger initial cubic space would be requisite, or, in other words, the number of occupants ought to be reduced. The results contemplated by the Commission had been obtained in only five of the barracks and two of the hospitals in the tables displayed by the lecturer.

The remainder of the lecture was devoted to the questions of the physical education of the soldier, the relation of physical energy to food, and the proportion of deaths by diseases and by injury during the Peninsular, Crimean, and other campaigns in our own and other armies. Dr. de Chaumont dwelt particularly upon typhus and scurvy in their relation to and dependence upon overcrowding and bad food. After describing the scales of diet at present in use in the British and French and other continental armies, he pointed out in what respects they were deficient, and laid down a proposed ration in time of war, which would, in his opinion, be necessary, in quantity and quality, to yield energy adequate to the work required. The observations upon food in relation to the soldier's work, formed a large and important part of the lecture.

It seems to us to be of the first importance that the ration of the soldier should be a full one whilst he is engaged in active service, not only on account of the greater demands made upon his strength and endurance, but because he will have to depend upon it exclusively for his supply of food. During times of peace, however, when the soldier is in receipt of his daily pay, he can, and practically he does, supplement his service ration by purchasing various articles of diet.

Dr. de Chaumont regards tea, coffee, or cocoa as the best beverages to work on. He considers the issue of a spirit ration to be a mistake, but he thinks that a moderate ration of good beer or red wine would be beneficial. During the late American war, the use of a spirit ration in the Federal army was either altogether discontinued, or only issued on special occasions, at the recommendation of the medical officer. In cases of excessive fatigue there is nothing that so rapidly recruits the exhausted frame as a cup of the tea made of Liebig's extractum carnis.

If we may criticise what was in every way a good lecture, we should say that it was, perhaps, a little too tough and technical to be easily followed; but when it appears in *extenso* among the papers of the Royal United Service Institution, it will, we feel confident, be carefully read and considered by all interested in military hygiene.

LONDON DUST.

Do Londoners ever seriously consider what they pay for the doubtful luxury of unnecessary dust? Whatever we may think of Professor Tyndall's theories, we must all accept his fact that the air is full of filth. Healthy adults, for aught we know, may breathe it with impunity, and asthmatics may even like it better than a pure atmosphere; but for the children and the ailing, what can be worse? And besides its immediate action on our bodies, who does not know its penetrating and destructive powers—the fatal facility with which it is carried through the merest crack, and the uncontrollable tendency it has to settle when it gets into a quiet place; how it pervades the food we eat, and the beverages we drink, and destroys our furniture, and renders unbearable our very clothes? What does it cost us annually in soap and paint, in water to swill our streets, and carts to take away the mud which follows on the slightest shower? Even in the sewers it is out of place; and the time is not far distant when its accumulation may even threaten the prosperity of the Thames itself. The clean and wholesome clay of the country is harmless and cheap as compared with the dust of town. The one leaves not a stain behind; the other sticks faster than the strongest dye. Yes, what a benefactor he would be who could diminish dust! He would be richly rewarded by the saving effected in the cost of hats; the nap brushed annually from our dusty coats would make him a millionaire; and with the saving in the cost of home decoration, and spoiled furniture, the national debt might very soon be paid. Have we not been too contented hitherto? Dusters and cotton wool are but empirical modes of treatment. Something, surely, can be done for prevention rather than for cure. Macadam was a great road-maker, but he was also a greater dust-maker. Thousands of tons of dust are unnecessarily made by the

contact of iron and stone; and other thousand tons are made in the effort to get rid of that which they create. Will not asphalte pavement help us? It yields instead of grinds; and if we watch the noiseless progress of vehicles in Threadneedle-street, we must be convinced that the wear and tear are lessened to a marvellous extent. Besides, how easily it is made and cleaned. It is smoothed with a hot roller, and in three-quarters of an hour will carry the heaviest traffic without injury. No dust or dirt comes up as from beneath the stones, and there is no absorbing surface to hold the stinking liquids and decomposing ordure of the street. It is cheaper than either of the present modes of paving; but if the paving rates were doubled, they would still remain a bagatelle if we diminish dust. The vestry mind may be too obtuse to see it, but when the government of London shall become a fact we may hope for better things.

THE MODE OF TERMINATION OF MOTOR NERVES IN ORGANIC MUSCLE.

M. HÉNOCQUE has been making a series of investigations on this subject, the results of which he communicates to M. Brown-Séquard's *Archives de Physiologie* for May, and has arrived at the following conclusions:—1. The distribution of the nerves in smooth muscle is not only identical in man and other vertebrate animals in which it has been observed, but is essentially similar in all the organs containing smooth muscle. 2. Before terminating in the smooth muscles, the nerves form three distinct plexuses or networks—(*a*) a chief or fundamental plexus, containing numerous ganglia, and situated *outside* the smooth muscle; (*b*) an intermediate plexus; and (*c*) an intra-muscular plexus, situated *within* the fasciculi of smooth fibres. 3. The terminal fibrils are everywhere identical; they divide and subdivide dichotomously, or anastomose, and terminate by a slight swelling or knob, or in a punctiform manner. The terminal swelling appears to occupy different parts of the smooth muscular fibre, but most frequently to be in the neighbourhood of the nucleus, or at the surface of the fibres, or, lastly, between them. The methods of investigation adopted by M. Hénocque have been very numerous, including the maceration of the preparations, obtained in as fresh a condition as possible, in aqueous humour, artificial serum, pyroligneous acid, chromic acid, chloride of gold and potassium, especially the latter, in a strength of 1-200th.

MORTALITY OF MERCHANT SEAMEN.

FROM a return lately presented to Parliament showing the number of deaths, and their causes, reported to the Board of Trade as having occurred in the British Merchant Service during the year 1869, it appears that there has been a great reduction in the mortality as compared with the two previous years. In 1867 and 1868 the deaths were 5283 and 5237; last year they were only 4832. Unless there has been a diminution in the strength of the service, the death-rate has fallen 2 per 1000 below the rate of the previous year; but we have to repeat the remark we made in commenting on the facts for 1868, that the absence of any particulars of the number of men out of whom the deaths occur impairs the usefulness of the return. We suggest to the Registrar-General of Seamen that it might be worth while to repair this omission in future, unless there be any difficulty involved of which we are not aware. The deaths by scurvy, which numbered 52 in 1867, and 26 in 1868, fell last year to 9,—a result which is exceedingly satisfactory. Of other causes of death we observe that yellow fever was fatal to 346 persons in 1867, and to 162 in 1869; typhus, other continued fevers, and ague were comparatively almost equally fatal in both years. Small-pox caused 15 deaths last year, against 21 in 1867. There is, we regret to see, an increase in the deaths by accident; they amounted to 60 per cent. of the total mortality in 1867, and to 64 per cent. last year, 1770 seamen having been drowned by shipwreck, and 1069 drowned in other ways. The deaths of 8 surgeons are included in the return for 1869, 11 and 12 respectively having occurred in the two previous years.

FALSE WEIGHTS AND ADULTERATION.

THE recent debate upon these questions in the House of Commons seems to show conclusively that there is a growing conviction of the serious nature of the frauds now perpetrated by tradesmen, and of the need that exists for legislative interference upon the subject—a conviction that will, we trust, soon be transformed into decisive action. Mr. Peek and Mr. Bass were alone in their denial or defence of practices that are only too notorious; and their statements, therefore, deserve a moment's consideration. Mr. Peek denied that articles of food were so much or so easily adulterated as was supposed; and said that much of the adulteration took place in certain articles before they came to this country. Mr. Bass defended the brewers against the charge of adulteration; and said it was all nonsense to suppose that either they or the publicans were guilty of putting cocculus indicus in the beer. Now Mr. Peek's defence amounts simply to an admission of the principle of the old Turkish proverb, that "a fish stinks from its head." The real difficulty in putting down fraudulent adulteration depends upon the fact that it is maintained and encouraged by those who are called great merchants, by the class of tradesmen who get into Parliament. If large importers were sufficiently honest to refuse to buy and sell adulterated goods, there would no longer be any temptation for the foreign producer to adulterate; and there would no longer be the example of those who fancy themselves his betters, to serve as an excuse and shelter for the frauds of the petty shopkeeper. We hope that the gentlemen in Parliament will bear this in mind; and will take care, whenever adulteration shares the punishment awarded to other kinds of swindling, that the wholesale and the retail dealer shall receive that even-handed justice which would mete out a larger proportionate penalty to the former, whose education, means, and opportunities only render his offence the more flagrant. With regard to the adulteration of beer, Mr. Bass might as well deny the existence of the noon-day sun. We do not care to join issue with him on the subject of cocculus indicus, because it is possible that some still cheaper narcotic may have superseded it, and we are not in the secrets of the trade. We do not for a moment suppose that any of the great firms at Burton adulterate their beer. But it is notorious that the beer supplied to ale-houses is systematically drugged, probably to a greater extent in some districts than in others; and that the effects it produces are totally different in kind from those of any pure form of fermented drink. So much is this the case that many consumers would now miss, in any form of beer that would be brought to a gentleman's table, the qualities that they have learned to love, and would desert a public-house at which a wholesome drink was sold. The honest brewer and the honest publican are compelled to adulterate, if they would retain their ale-house business; and the case is precisely one in which the law should step in for their defence. With regard to false weights and measures, there is little more to be said than that it is idle to punish those who use them by fines, the effect of which can be balanced against the dishonest profit at the end of the year. The proper

punishment for systematic robbery would be the hulks or the treadmill. We have often urged the necessity of having a public prosecutor. There is another functionary who would be not less useful—to wit, a public analyst.

TAINTED WATER AND CHOLERA IN INDIA.

THE *Builder*, in recently drawing attention to the tainted condition of the water in the wells and tanks of the Bengal Presidency, and the probable influence which water pollution plays in the *rôle* of cholera, alludes to the fact that, in one year, upwards of 1200 human bodies had been removed from the tanks and wells of that Presidency. We have had an opportunity of perusing the published official documents from which our contemporary has probably derived its facts. They are contained in Dr. Macnamara's fourth and fifth Reports on Water Analysis in India. In the former the results of 221 analyses, at twenty-seven stations, from Alipore to Peshawur, are tabulated, including several hill stations; and, in the latter (fifth Report), 190 analyses at seventeen stations in the same regions of Northern India. The water from wells, tanks, rivers, and mountain sources, was examined. The natural water sources were satisfactory, but there can be no doubt that a very large proportion of the wells and tanks contained water tainted with organic and other impurities. There can, equally, be no doubt that polluted water is a constant source of danger to health, and especially under certain circumstances, or during epidemic periods. That impure water is the sole cause of cholera in India seems, however, very unlikely; for at Lucknow, where that disease is common enough, the water of the wells was found to be remarkably free from contamination. The fact of 1200 human bodies having been found in wells and tanks in one year certainly appears to indicate a disgusting and horrible state of things; but India is a very exceptional country. The wells and tanks are so numerous that to one accustomed to Indian life, and knowing the country well, the discovery of numerous bodies of persons drowned therein is not surprising. The attempt to protect all these wells would be an impossible task; and we must, therefore, meanwhile concentrate our efforts on procuring and preserving a good supply of pure water for our troops and the European population of India.

POST-MORTEM ELEVATION OF TEMPERATURE.

FEW physicians are aware that so far back as the year 1770 the celebrated physician, De Haën, of Vienna, observed that an elevation in the temperature of the body occurred in the death-agony, and persisted for some time after death had actually taken place. The observation, however, was soon forgotten, and it is only recently, since attention has been especially directed to the changes occurring in the temperature of the body in disease, that the fact has been re-established. The point has been made the subject of a prize by the University of Berne, and the prize has been carried off by M. Valentin, a relative, we believe, of the well-known physiologist. The following are the principal results at which he has arrived. The development of heat after death is common to all bodies, though varying in degree in different instances. As soon as the development of heat in the body after death is greater than the coetaneous loss of heat by physical causes, an increase in the temperature occurs. This occurs, consequently, either from an increase in the development of heat, or from the concurrence of circumstances diminishing the loss of heat. The post-mortem elevation of temperature primarily results from the persistence of the vital processes which ordinarily lead to the development of animal heat, even after the heart has ceased to beat. Augmentation of these processes, which especially result from certain nervous influences, may cause great post-mortem elevation. The occurrence of rigor mortis, although causing the elimination of some heat, is yet only of subordinate influence on the general elevation of temperature that occurs after death. It is not improbable that post-mortem disintegration and decomposition may to some extent aid in the post-mortem elevation of temperature. The loss of heat after death is, *cæteris paribus*, much smaller than during life, owing to the cessation of respiration, and the diminished evaporation from the skin, and this may also be accessory to an elevation of temperature without the actual generation of heat. The experiments which enabled M. Valentin to draw the foregoing conclusions were made on the dog, rabbit, pig, guinea-pig, marmot, pigeon, and frog.

SURGICAL SOCIETY OF IRELAND.

A *conversazione* of a very interesting kind was given by the President and Council of the Surgical Society of Ireland on Tuesday evening, the 24th ultimo, in the Royal College of Surgeons, and was attended by a large assemblage of the *élite* of the citizens. The museums were thrown open for inspection, and a number of specimens of science and art were examined with much interest by those present. The objects exhibited by microscopes were very beautiful, and included rare forms of desmidiaceæ, specimens of the siliceous envelopes of the distomaceæ, of volvox globator, and the circulation of the web of the frog's foot; there was also shown a new instrument for collecting atmospheric dust; an apparatus for taking photographs of microscopic objects; casts of Dean Swift's and Stella's skulls; casts of the head of the aye-aye; photographs, and several books illustrative of surgery in the late American war. The building was brilliantly lit up, and presented a most animated appearance, and altogether the meeting was a perfect success.

THE LONDON APOTHECARIES' SOCIETY AND THE FUTURE.

THE Chairman of the Court of Examiners of the Society of Apothecaries (Mr. Bradford) has issued, in pamphlet form, remarks on an address delivered by the President of the College of Physicians on the 11th of April. The Chairman is deeply hurt, on behalf of his Society, to think that the claim of the Apothecaries to participate in the nomination of Examiners in Medicine should be denounced by the College of Physicians as an immoderate pretension. At first the College of Physicians, in proposing a conjoint board scheme for England, assigned to the Society the subjects of Pharmacy, Medical Botany, and Midwifery. In a subsequent scheme the College added Chemistry and Forensic Medicine. The Chairman very forcibly relates the services of the Society during half a century, in gradually raising, by its examination, the standard of medical education. At the same time, it is difficult to see how under a proper one-portal system the present character of the worthy Society can be maintained. If the College of Physicians had done its duty we should never have needed the Apothecaries' Society. If it is to be practically superseded in the changes which, sooner or later, must take place in our licensing system, it is worth the serious consideration of the Society whether complete withdrawal from the conjoint scheme would not be a more dignified course than to accept the duties contemplated in the scheme of the College of Physicians. Public opinion in the profession is certainly against a distinct class of apothecaries. But whatever happens, the Society will live honourably in medical history.

THE COLLEGE OF SURGEONS OF EDINBURGH AND THE BILL.

THE College, while expressing its approval of the combination of the present licensing boards so as to constitute three examining boards—viz., one in each division of the kingdom, protests in a petition to the House of Lords against the proposed exemption of graduates of universities from examination by the conjoint boards, as being "inconsistent with the unity and impartiality of the Bill, and also as unnecessary as a means of keeping up university degrees at a higher standard than simple licences to practise, because it lies in the power of the universities to superadd to the minimum essential examination of the conjoint boards such additional subjects of examination, or such higher standards of examination in all or any of the subjects included in a curriculum, as they may think fit." Further, this College graciously suggests the addition of six members to the Council, but somewhat coolly proposes to make room for them mainly by reducing the Crown representatives. The poor Crown has only six representatives now. The corporations and universities have seventeen. But it is so easy to be reformers at other people's expense. Had the College of Surgeons of Edinburgh proposed to reduce the seventeen representatives of bodies like itself to ten, this would have been magnanimous and statesmanlike. The actual proposal of the College is merely amusing, or, rather, would be so if it were not so very simple.

URINARY ANALYSIS.

A FACT recently published by Dr. Thudichum is calculated to throw some degree of doubt on the accuracy of the urea-determination by the well-known method of Liebig—a method which consists in the employment of a solution of nitrate of mercury of known strength.

It appears that, in addition to the compound of urea with oxide of mercury, there is formed the mercury-salt of a new organic acid, which its discoverer, Dr. Thudichum, has called "kryptophanic acid," and to which the following formula is assigned: $C_{10}\,H_{18}\,N_2\,O_{10}$.

The salts of the new acid are, for the most part, soluble in water, and of three kinds—to wit, mono-, di-, and tribasic. The lead, silver, and mercury salts are insoluble in water.

MARLAND WORKHOUSE, ROCHDALE.

IT is extremely gratifying to find that considerable improvement has been effected in the general state of this workhouse by the publication of our report. The children, particularly, are in a better state of health. They have been relieved from attendance in school, and their diet has been improved. The inmates have now their food weighed out to them as prescribed by the Poor-law Board. We hear it is in contemplation also to provide further buildings, in order that the classification may be more thoroughly observed. It is simply monstrous that the venereal cases should have been so long allowed to associate with the general inmates, and it shows the great advantage of publicity that they are already separated. It would appear that the male nurse whose "box of unlabeled notions" formed so conspicuous a feature in the medical arrangements, has curiously disappeared, and it may be hoped that he will be replaced by a more efficient person. We regret to learn that there are evidences of local resentment against the schoolmistress, who was the unconscious agent through whom our information came. Instead of this, the public should be grateful to her for the firmness with which she has repeated statements which were in the first place intended solely for a private ear. We trust, however, that she will be supported in the performance of her duties by the Poor-law Board.

DR. WATERS ON DIRECT REPRESENTATION.

THERE are a few points in Dr. Waters's statement to the Lord President, when speaking as the mouthpiece of the deputation from the British Medical Association, which were well put, and were not so fully reported as they deserved to be, and would have been if the interview had occurred at a time earlier in the week. He instanced the case of the University of Durham, which under the let-alone Bill of the Government would continue to have a representative all to itself, though it has no hospital, and very few graduates. On the contrary, the great schools of Liverpool, Manchester, Hull, Birmingham, &c., would continue to have no representative. He pointed out that while the Bill would practically reduce, perhaps to nothing, the number of licentiates of the Apothecaries' Company in England, and also in Ireland, both these bodies were to continue to be fully represented in the Medical Council. He showed the universality of the demand for the representation of the profession by reference to the action of the various local branches of the Association, and the all but unanimous resolution of various annual meetings in favour of the principle, and, finally, to the petition signed by nearly 10,000 persons.

It is very much to be desired that the Association should accompany its request for direct representation with an equally urgent request for a reduction in the number of the representatives of corporations and universities. The mere addition of eight would give a large, costly, faulty Council.

THE INFLUENCE OF LUNATICS.

THE columns of a contemporary contained last week a leading article intended to demolish our suggestions for the domestic treatment of many of the reputed insane, and evidently written or inspired by an "experienced" superintendent. The author points out that "at least a dozen murders annually" are perpetrated by the 6600 pauper lunatics who are now at large, and argues that if more of them were at large the annual murders would be increased in like proportion. Admitting, for the sake of argument, the correctness of the statement, may we suggest that murders are sometimes perpetrated in asylums also, although there the lunatic "class" are more often the victims than the perpetrators. And may we, without offence, call attention to the remarkable admission of our censor, that association with lunatics and idiots is "infinitely deleterious to growing and even to full-grown minds." We were well acquainted with this fact; but we rejoice to have our convictions confirmed by what, to quote John Wilkes, we may call, "such excellent authority."

GYMNASTIC EXERCISES FOR GIRLS.

WE witnessed on Tuesday a very interesting performance that took place at the Hanover-square Rooms, where the pupils of Madame Brenner, of Bruton-street, exhibited the results of her teaching to a party of ladies and gentlemen invited for the occasion. The class included two or three quite little children, one of whom excited much amusement by the infantine solemnity with which she steered round and round the room on a tricycle. But the principal performers were young ladies of from ten to fifteen, and they went through a long programme of exercises, from the most simple to the most severe. Wands, dumb-bells, clubs, foils, hoops, skating, swinging, climbing, and the trapeze, were all introduced in succession; but the appliances and the

exercises appeared to be judiciously adapted to the strength of the girls, and to involve no danger of strain or over-exertion. The effect upon the young ladies seemed to be eminently satisfactory; and their erect bearing and lithe figures were models of symmetry and grace, all the more remarkable if we may assume that, as those who are whole need not a physician, they had sought Madame Brenner by reason of some imperfections in these respects. They fully justified the opinion recently so strongly expressed by Dr. Little, to the effect that gymnastic exercises will cure lateral curvature in its early stages; and we should counsel members of the profession who have delicate girls under their care, to make themselves acquainted with Madame Brenner's methods and results. The former are set forth and illustrated in a book that Madame Brenner has just published, and from which we are glad to infer that her zeal as a teacher is duly tempered by discretion.

WORKHOUSE REFORM.

IT is extremely satisfactory to find what good management and liberality can effect even in a modern workhouse. The annual report of Mr. Godrich has just been laid before the guardians of St. George's, Hanover-square. In this workhouse great improvements have been made within the last ten years. Ward after ward has been opened for the sick; and at the present time there are seventeen sick wards, containing 180 aged poor. There is only one paid nurse, and no paid night-nurse; and though this is not a satisfactory provision, Mr. Godrich states that the work is well done under the very active superintendence of the matron and head nurse, and that such an occurrence as bed-sores is unknown. The death-rate is remarkably low; but we would remind Mr. Godrich that so many causes intervene to modify the character of the inmates of workhouses, that no very great importance ought to be attached to this circumstance. The number of children in this workhouse is about 136; and their mortality contrasts favourably with that of other and larger schools. But probably a better evidence of good management was the success with which an epidemic of measles has been met, there being no less than 70 cases without a single bad symptom or death; whilst in a neighbouring parish, out of 19 cases, 10 died. Each child had a separate bed, which, after occupation for a week, was taken away and purified. Four times the flock was taken out of seventy beds, thoroughly picked, sifted, and exposed to a high temperature for many hours; and all the bedding was, after the same interval, soaked in carbolic acid, scoured, and heated in a disinfecting chamber. The medical officer acknowledges with gratitude the confidence reposed in him, and the ample powers conferred upon him to meet emergencies. This is as it should be.

BRITISH ASSOCIATION SEWAGE COMMITTEE.

ACCORDING to a circular issued to subscribers to the fund raised for the British Association Sewage Committee, it appears that a difficulty has arisen within the Committee as to the proper application of that fund. The money, as we understand, was raised to enable the several members of the Committee to devote, to the utmost of their ability, their personal attention to the work sketched out. One party in the Committee seems of opinion that the duty of its members is to attend the formal committee meetings, and do nothing more. Another party maintains that the work of investigation should be done or supervised by individual members of the Committee, and not delegated to the outside nominees of a particular interest within the Committee. We think the latter party in the right, as being consistent with the original and avowed programme of the Committee; and we doubt not the subscribing towns will decide at once whether the chief work of the Committee is to be done by members of the Committee on unremunerative terms, or by friends of individual members of the Committee on remunerative terms. It seems hard that an inquiry of this nature cannot be kept within the jurisdiction of its originators, but that its chief department must, apparently to serve the purposes of nepotism, be entrusted to outsiders.

SALE OF POISONS IN IRELAND.

THE Bill before Parliament for regulating the sale of poisons in Ireland differs in no essential particular from the corresponding measure for the other two kingdoms. The enumeration of articles which in terms of the Act shall be deemed poisons is not less complete than that of the English and Scotch Act; while the conditions under which they are to be dispensed to the public, and the penalties for failure to observe the same, are equally stringent. The Act for the Prevention of the Adulteration of Food and Drink shall extend to all articles usually taken or sold as medicines, and every adulteration of any such article shall be deemed an admixture injurious to health. Finally, the Governor and Council of the Apothecaries' Hall in Dublin can declare at any time that such and such an article not enumerated in the schedule is a poison; and on their resolution meeting the approval of Her Majesty's Privy Council for Ireland, it shall be advertised in the *Dublin Gazette*, and one month thereafter shall come, as a poison, under the operation of the Act.

"DOCTOR" NEWTON.

WE are glad to notice the extremely sensible tone of a provincial newspaper with regard to the man who is attracting crowds by professing to heal the sick by blessing them. The *soi-disant* doctor was expected to perform at Swindon, and the *Wilts and Gloucestershire Standard* used the opportunity to set forth, in a well-written and temperate leader, the actual position and claims of a member of this particular class, happily rare in England at the present day. It is curious how little is generally known of the history of this kind of absurdity, coeval though it be with the history of mankind. Perhaps its comparative abandonment in Europe during the last century, and its recent appearance in great force in America, may tend to show that it has its most appropriate nidus in some stage of civilisation through which our Transatlantic cousins have still to pass. We much wish that we could see a good English translation of Figuier's "Histoire de Merveilleux," a book in which the wonderful sameness of pretension that characterises spiritualists, convulsionaries, mesmerists, *et hoc genus omne*, is set forth with pitiless precision. Even the most ardent disciple of "Dr." Newton, or the most vacuous believer in spiritual manifestations, would probably be in some way influenced by the knowledge that his pet idol had been set upon a pedestal for worship, and shattered into countless pieces by inquiry, at least a thousand times before.

MORTALITY IN MERTHYR TYDFIL.

MR. DYKE, the able health-officer for Merthyr has issued his report for the first quarter of the year, and we regret to observe that the mortality of the town was in the excessively high annual ratio of 39 per 1000. Comparing Merthyr with a number of other towns whose birth- and death-rates are given in the Registrar-General's last quarterly return, we observe that, while its birth-rate was lower, its mortality was greater than that of any other town quoted in the list.

The deaths in Merthyr were, in fact, 183 in excess of its own average for the season. The excess is principally among diseases of the zymotic class, diseases of the respiratory organs accounting for the remainder. Mr. Dyke states that the increased mortality is to be ascribed mainly to the severity of the weather, and he remarks, in confirmation of this view, that in very many of the fatal cases of scarlet fever and whooping-cough, acute inflammation of the lungs and air-tubes supervened. Typhus, which has had for some time a home in Merthyr, exhibits a diminished fatality, apparently following the adoption of active measures for its prevention.

MR. SYME.

THIS distinguished surgeon is at present, we are grieved to say, suffering from another paralytic seizure. The attack, the fourth, we believe, which Mr. Syme has sustained, supervened on Tuesday, the 24th ult., and left the powers of speech and deglutition seriously impaired. He communicates his wants only by writing; but, according to the latest accounts, there is a slight improvement in his ability to swallow. He manifests much despondency as to his making an even moderate recovery; and his immediate attendants, we are sorry to learn, are hardly more hopeful of his case.

MEMORIAL TO SIR J. Y. SIMPSON.

As was to be expected, a movement has been set on foot in Edinburgh for the perpetuation of Sir J. Y. Simpson's name and influence by a memorial. The Earl of Dalhousie presided at the meeting on Monday last; and a numerous body of noblemen, and gentlemen devoted to science, literature, and art were present. Resolutions were moved and unanimously carried, setting forth the severe and irreparable loss sustained by Sir J. Y. Simpson's death; the propriety of perpetuating the memory of the illustrious deceased by some suitable monument; and inviting the co-operation for this end of all ranks of the community, whether academic, professional, or municipal. We doubt not that the committee which has been organised to carry the proposal into effect, consisting as it does of distinguished representatives of aristocracy, science, literature, and art, will not close its labours without forming a design for the contemplated memorial which shall be at once national in its scale, conspicuous in its character, and commensurate with the worth of a man whose life and labours form a notable feature of the nineteenth century.

NAVAL MEDICAL SERVICE.

THE retirement of the senior medical officers of the navy under the new scheme is steadily making way. A recent *Gazette* announces the acceptance of the proposed terms by three staff surgeons, and one assistant-surgeon, and also the retirement of Dr. James Rae, a Deputy Inspector of 1859. This will cause a vacancy in the active list of deputy inspectors which will give the Director-General an opportunity of promoting some deserving officer, whose services will be immediately required at Bermuda to fill the vacancy unfortunately caused by the invaliding of Dr. Nelson.

HEALTH OF ROME.

ROME begins to suffer from the intense heat always prevalent at this season, and, in consequence, the Council has been adjourned till October. The European bishops will return to their dioceses; but those prelates whose sees are in other parts of the world will spend the vacation at Frascati, Tivoli, Castel Gandolfo, and other places, where the Pope has placed country-houses at their disposal. Will the Council meet and disperse without an attempt, at least, to improve the sanitary condition of Rome? Here is an opportunity for conferring blessings on which all mankind will be unanimous.

BRITISH MEDICAL BENEVOLENT FUND.

AT the last meeting of the committee of this fund £125 was distributed among thirteen applicants, and one annuitant of £20 was elected. The receipt of the following sums was also announced: Dr. Haviland (Cheltenham), £10 10s. annually; Dr. Brabant (Havant), £5 5s. annually; Dr. Habershon, £5 5s.; Thomas Bryant, Esq., £5 5s.; Mrs. Briscoe, £5; and H. Sterry, Esq., £5 annually. The committee are at present engaged in issuing an appeal to the medical profession on behalf of this valuable charity, and we trust that this effort will meet with a great and well-merited success. Every medical man should aid in the good work which is being effected by the British Medical Benevolent Fund.

THE MORDAUNT CASE.

ON the 2nd inst., in the Divorce Court, the Lord Chief Baron Kelly, the Judge Ordinary (Lord Penzance), and Mr. Justice Keating, delivered judgment in the appeal of Mordaunt *versus* Mordaunt. The point raised was, whether or not, if a wife became insane after the commission of an act of infidelity, there could be a continuous bar to a husband's remedy for the dissolution of his marriage. The Court, by a majority, ruled that Lady Mordaunt's insanity debars Sir Charles from proceeding with his suit. The precedent, thus far established, is a very important one. But Sir Charles Mordaunt will, it is believed, make a fresh appeal to the House of Lords.

VALUE OF PUBLIC URINALS.

THE sanitary committee of the Rochdale Corporation have recently erected a public urinal so constructed as to collect the product, which is extensively used for scouring cotton cloth. The cost was £161, and £8 8s. has been received as rental for the year. This, however, is greatly below the real value, the ascertained product being upwards of 20,000 gallons a year. The committee anticipate in future a good income from these constructions.

THE annual meeting of the Fellows of the Royal College of Surgeons of England is announced to take place on Thursday, the 7th of July next, at two o'clock, for the election of two Fellows into the Council of the College.

THE King and Queen's College of Physicians, Ireland, passed, a few days ago, the following resolution:—"That the medical profession are entitled to direct representation in the Medical Council."

DR. LYON PLAYFAIR recently delivered an address to the students of St. Mary's Medical School. He spoke at considerable length on the subject of public health, dwelling upon the large number of deaths from preventable diseases. Dr. Playfair also remarked on the necessity of improving the dwellings of the working poor, stating that if these were as healthy as the felon's cell, from eight to ten years would be added to the life of the former.

THE Wandsworth Board of Guardians have come to the resolution not to employ at present any additional officer to assist them in carrying out the requirements of the Vaccination Act.

THE examination (in Chemistry, Comparative Anatomy and Physiology, and Botany) for the Scholarship of Natural Science at St. Peter's College, Cambridge, will take place on the 14th inst. It will be open to all students who may desire to enter at the University. Names of candidates must be sent a week previously to Rev. J. Porter, tutor of the College.

THE Lords of H.M.'s Privy Council have awarded the Government grant of £17 allowed for the superior performance of vaccination to Dr. Mackintosh, of Callington; and Dr. Thomas Wilson, of Alton, Hants, has likewise received an honorarium of £19 for the state of vaccination in his district. It is very creditable to the latter gentleman that he received a similar recognition of his services less than three years ago.

THE *Ulster Medical Society* have petitioned the House of Lords against proceeding with the Medical Bill without further inquiry. They object to the power given to the Privy Council in the Bill, even as amended by Lord De Grey; and to the diplomas of the board bearing other than Imperial name. They petition for a reconstruction of the Medical Council, and for the discontinuance of the Apothecaries' Hall of Ireland as a medical authority.

MR. JACOB BRIGHT has given notice that, in Committee of Supply on the Navy Estimates, Vote 12, Expense of Carrying out the Contagious Diseases Act, he will move the reduction of the vote by £3700.

THE *Pall Mall Gazette* states that the authorities of Southampton have determined on the adoption of the A B C process of utilising sewage and preserving the local waters from pollution. The necessary works will be commenced at once. Leeds, Halifax, Bolton, and several other towns have decided on the same course. The works at Hastings and Leamington have been in successful operation for some time.

THE individuals implicated in a charge of conspiracy, and of going about dressed in female attire, have been committed for trial. The medical evidence that has been given involves several points of professional interest; but we consider that, pending the trial that must take place, any comments on our part would be ill-timed and indecorous.

THE Guildford Local Board of Health have decided upon providing a place for the reception and isolation of fever cases, as recommended by Dr. Morton.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

(FROM A CORRESPONDENT.)

EXAMINATIONS FOR THE DIPLOMA OF MEMBER.

No one disputes the national importance of the Royal College of Surgeons, as the central home of biological science in this country—a science which represents the structure and functions of organised beings in health and disease, and the laws relating thereto. The possession of an absolutely unrivalled Museum of Anatomy—human, comparative, physiological, and pathological, though less complete—has long since rendered it simply impossible for any other institution to overtake the College in its vast material resources for *teaching* the science of life; and systematic expositions of these resources by Owen, Quekett, Huxley, and Flower, have, for a long period of years, attracted the profession in this and from foreign countries, with men of science in general, as students of Hunter's grand conception. Periodic orations have commemorated this epoch in the history of natural science. At the same time, the successive advancements and aspects of modern surgery have been exhibited in yearly short courses of original lectures by some of the most distinguished surgeons, past and present. But now, in the midst of reform and reorganisation, relative to our medical corporate bodies, it seems desirable, and cannot be uninteresting, to inquire into what the College, as an *examining* board, has done meanwhile, and is doing, to sustain and extend the educational character of the profession, and to protect the just rights of the public in regard to the qualifications of men who are licensed to practise surgery.

For this purpose I lately requested permission, which was readily granted by the President, to visit the College during the two examinations for the diploma of member—the primary examination on Anatomy and Physiology, and the second or pass examination on Surgical Anatomy and the Principles and Practice of Surgery. My visit had reference exclusively to the more important or *practical* part of these examinations. With the nature of the previous *written* examinations the profession is already familiar, the questions submitted to the candidates being duly published in THE LANCET and other medical journals. At the same time, in order to present a full and complete record of the examination for the diploma of member, the written questions submitted to candidates in each of the two examinations on the occasions referred to are here introduced.

ANATOMICAL AND PHYSIOLOGICAL EXAMINATIONS, April 23rd, from 1 to 4 o'clock P.M. — Candidates *must* answer four out of the six questions. Answers to *less* than six questions will not be received before half-past 3 o'clock.

1. Describe the situation, attachments, and structure of the urinary bladder. Mention the portions of the bladder which are not covered by peritoneum, and the structures with which those portions are contiguous. 2. Describe the iris; its position, attachments, and structure. Mention its bloodvessels and nerves, and state the function it exercises in vision. 3. The thumb. Describe the position of the thumb, its bones, its articulations, its capability of motion, and the muscles by which its movements are effected. 4. Mention the muscles which enlarge the capacity of the chest during ordinary inspiration. Explain the mode by which ordinary expiration is effected. 5. Describe the changes which take place in the circulation of the blood after the birth of the child. 6. Describe the position and attachments (origin and insertion) of the biceps flexor cubiti, the brachialis anticus, the supinator radii, longus and brevis, the pronator radii teres, and the pronator quadratus. Mention the precise action of each muscle, and the nerve by which each is supplied.

The practical examinations on Anatomy and Surgery, which are most conclusive as the test of professional qualification, have not hitherto been made known. These examinations, which were instituted at the College in November, 1858, have been gradually developed during the last twelve years; and a recent report of the Court of Examiners, adopted by the Council in January of the present year, leaves no doubt of their general design. It is to test the student's practical knowledge of Anatomy and Surgery as the result of personal instruction.

PRACTICAL EXAMINATION ON ANATOMY, April 26th.—In the room, or theatre converted into a room, where the examination was held, several tables were arranged, on which were distributed a series of recent dissections and anatomical preparations of dissection, under flat glass receptacles, showing the regional and visceral anatomy of the body. The latter department of anatomy was supplemented by ordinary museum preparations arranged around the room. Textural anatomy, and the minute structure of organs, were provided for by four microscopes, and a useful series of microscopic preparations. At each table two examiners were engaged with a student or candidate for diploma. The general features of this anatomical examination may be here noted. Its essentially *objective* character was at once

apparent. Accordingly, the *questions* asked were principally in the form of "What's this?" the examiner pointing at the same time to the object of his query. It will be evident that by this mode of examination a wide range of matter can be gone over in a limited time, as well as thus eliciting the student's knowledge of anatomical objects and facts.

Occasionally only, the student was asked to *describe* an object before him; for that would imply the power of describing, and a facility of descriptive language, neither of which might be readily at command under the trying circumstances of an examination.

An enumeration of the following series of dissections and preparations will suffice to indicate the principal objects by which the student's practical knowledge of anatomy was tested.

Regional Anatomy.—Triangles of the neck, showing principally the relation and distribution of the bloodvessels; parotid region and side of the cheek, showing the course and opening of Stenson's duct; occipital region, showing the deep muscles, recti and obliqui; anatomy of the axilla; bend of the elbow; palm of the hand; Scarpa's triangle, showing the relation and distribution of the femoral vessels and anterior crural nerve; popliteal region, showing its boundaries, and the relation and course of the popliteal vessels and nerves; sole of the foot.—*Ligaments:* Temporo-maxillary articulation, ligaments, and inter-articular cartilage (a section view). Articulations and ligaments of the first two cervical vertebræ, one with the other, and as connected with the occipital bone; articulations and ligaments of the clavicle, shoulder-joint, elbow-joint, ligaments of the wrist and hand; hip-joint; knee-joint, showing the relative position of the crucial ligaments; head of the tibia, with the semilunar cartilages, showing their relative shape and size, as determining whether they formed part of the right or left knee-joint; ligaments of the ankle-joint, and of the foot.—*Bones:* Separate, and articulated in the skeleton. It will be in the recollection of those members of the College who underwent the examination some years since, that osteology then formed the only test of the student's objective knowledge of anatomy.

Visceral Anatomy.—Dissections and preparations of the brain. Lungs and heart, with their vessels in relative position, as seen when the anterior wall of the thorax is removed. Heart: section view, showing the course of the blood through its cavities. Stomach and liver: longitudinal section of the former organ when distended, showing its curvatures and fundus, orifices (cardiac and pyloric), and commencement of the duodenum; longitudinal section of the gall-bladder. Liver: showing its ligaments, lobes, and fissures; portal vein, hepatic duct, and hepatic artery, with their relative position at the transverse fissure. Intestinal canal; longitudinal section of the jejunum, presenting its valvulæ conniventes. Kidney, injected: longitudinal section, showing the relative position of the renal vessels and ureter at the hilus; also, the relative appearance and thickness of the pyramidal and cortical portions. Bladder, and urethra with penis, opened anteriorly, showing openings of the ureters, neck of the bladder, prostatic sinus, veru-montanum and sinus pocularis, with the openings of the common ejaculatory ducts; remainder of urethra, and trabecular structure of corpora cavernosa. Perineum, its ischio-rectal fossæ, and their boundaries, &c.

Developmental Anatomy.—Ossification of the bones; fœtal circulation, &c.

Histology.—As already stated, a series of specimens under the microscope were occasionally referred to, in order to test the student's objective knowledge of histology. For example, under one of the microscopes I observed a section of a tooth showing the dentine. Having regard to the great importance of textural anatomy, and of the minute structure of organs in relation to pathology, this portion of the practical examination on anatomy might be advantageously extended.

EXAMINATION ON SURGICAL ANATOMY, AND THE PRINCIPLES AND PRACTICE OF SURGERY, April 29th, from 1 to 4 o'clock P.M.—Candidates *must* answer at least four out of the six questions. Answers to *less* than six questions will not be received before half-past 3 o'clock.

1. Describe the usual form of cancer affecting the testicle. Mention other structures which become affected during the progress of the disease. State the treatment which may be employed, and the probable result. 2. Mention the circumstances attending a compound dislocation at the ankle-joint which would induce you to amputate. 3. Describe the relative position of the subclavian artery in the third part of its course; and the different steps of the operation by which the vessel may be exposed. 4. Mention the kind of accident which might produce fracture of the base of the skull; and describe the symptoms which indicate such an injury. State the treatment to be adopted, and the probable or possible result. 5. Describe all the symptoms which indicate a fracture of the clavicle in the middle of the bone. State the position of the broken ends of the bone, and the cause of the deformity produced. Describe the treatment. 6. Myeloid disease. Describe the local appearance and the symptoms of myeloid disease. Mention its microscopic character. State the treatment, and the probable result.

PRACTICAL EXAMINATION IN SURGERY, AND USE OF SURGICAL INSTRUMENTS AND APPARATUS, May 3rd.—On entering the room I saw four tables, on each of which lay a man stripped for the purpose of surgical examination. In the centre another table presented an assortment of surgical instruments, and ranged round the room in compartments, were bandages, splints, trusses, and other surgical apparatus indicated by placards—e.g., made bandages, splints for arm, thigh, &c. The nude recumbent *figures*, for such they were, being perfectly motionless and passive, were well-formed and well-developed men; but they presented very different degrees of muscular development and contour, selected apparently for different objects of surgical examination. Thus, one man was of spare muscular development, but in his body the various bony prominences in the upper and lower extremities, stood out conspicuously. He was an excellent subject for *topographical* anatomy, as one of the examiners aptly designated it. Another man, of ample muscular form, was more suitable for amputation and the application of splints. A well-knit negro, whose picked-out muscles seemed to invite the ligature of arteries, supplied the subject requisite for this purpose. Red chalk was provided, so that the student should mark the course of the arteries, or of other subjacent parts, and the relative position of internal organs.

The prevailing character of this examination on surgery, like that on anatomy, was eminently practical, and designed to elicit the student's personal knowledge. He was asked to point out this, or *to do* that; occasionally only to give his reasons for something he had stated. While one examiner puts the student through his exercises, another makes notes of the questions, with certain remarks, on another paper, of "good," "moderate," or "bad." This last record is made, we believe, but rarely and very reluctantly, for a second or third repetition of such failure might be fatal to the hopes of the student. At the expiration of ten minutes, announced by a bell-stroke, the student leaves the table where he has been engaged, taking with him the question-paper of his examination to another table, where the examiner is enabled to see what questions have been asked, in order to avoid any repetition. After another ten minutes the student passes on to a third; and, lastly, to a fourth table. According to the sum total of marks in his favour, the candidate passes; or if adverse, he has "failed to acquit himself," &c., as the official notification subsequently announces.

The following questions illustrate the nature of this practical pass-examination on Surgery:—

Lower Extremity.—In synovitis of the knee-joint, point out the situations where the swelling presents. What structures restrain or prevent the appearance of swelling in certain parts of the joint? Put your finger on the insertion of the ligamentum patellæ, and name the prominence of bone. Mark, with chalk, on the skin, the course of the anterior tibial nerve, from its commencement to the ankle-joint. Under what muscle does the external popliteal nerve pass, below the head of the fibula? Point out the most common situation of fracture of the tibia. Point out the situations of fracture in the fibula and internal malleolus, constituting Pott's fracture. Twist the foot in the direction it then assumes; and why is it so turned? Lay hold of the foot, and mark the line of incision as for Chopart's amputation. Between what bones of the tarsus do you disarticulate? Do the same as for Hey's amputation. Lay hold of the second toe, and feel for the joint in

amputation at the metatarso-phalangeal articulation. Mark the line of incision. Mark the course of the superficial femoral artery. Where would you compress the common femoral with your finger, and compress the artery. Apply a tourniquet. For flap-amputation of the thigh, in its middle third, direct how the leg should be held. Take this spatula and show where you would enter the knife, how transfix the limb, and where bring out the point of the knife. Indicate the lines of the flaps. Prepare the bone for the saw. Apply the saw. What main artery will require ligature, and where would you find that vessel? For ligature of posterior tibial artery, laterally, under the gastrocnemius, mark the line of incision; what muscle will be divided, and where will the artery be found? Apply lateral splints to the leg, and bandage from the foot. Put your finger on the internal abdominal ring; also into the external abdominal ring. What point of bone can be felt in the latter ring? Describe the course of oblique inguinal hernia. Show how to reduce the hernia. Select a proper truss; apply it. Make the requisite measurements with a tape, so that an instrument-maker in London may forward to you in the country a proper fitting truss. Put your finger on the saphenous opening in the thigh. What bounds it externally? Show how to reduce a femoral hernia, indicating the directions in which compression should be made, successively. Apply a spica bandage, also a double spica bandage.

Upper Extremity.—Compress the brachial artery with your fingers. Mark, with chalk, the course of the artery from the armpit to the bend of the elbow. Name the superficial veins in the arm, pointing them out severally. Apply a bandage, as for bleeding at the bend of the elbow. Place the arm in the direction it assumes from dislocation of the humerus into the axilla, or forwards, or backwards. What is the position of the arm in fracture of the clavicle? Point out the acromion. Reduce a dislocation of the forearm backwards, placing your knee in position for counter-extension.

Neck.—Place the head as for tracheotomy. Mark the incision. Where should the trachea be opened? What vessels are in the way or proximate? Put your finger on the seventh cervical vertebra, and how do you know it?

Thorax.—Point the situation of puncture for paracentesis thoracis. Mark, with chalk, the arch of the aorta; also the outline of the heart, and the apex where it strikes the wall of the chest. Mark the incisions for amputation of the breast.

Abdomen.—Point our the situation of puncture for tapping the abdomen. Why is that spot selected? Mark the linea semilunares. Mark the course of the abdominal aorta, and its termination. Also of the external iliac arteries. What is the relative position of the iliac veins? Where would you puncture the bladder above the pubes? Where, per rectum?

Instruments.—Select the instrument for puncturing the bladder per rectum. The instruments for lithotomy. Apply a trephine to the skull, placing the centre-pin in position. When should the latter be withdrawn? Apply a ligature to an artery, represented by the end of a bougie. Plug the nares, anterior and posterior, in the skull. Name various instruments on the table, and describe their uses.

Candidates having concluded this examination are taken into another room to undergo an examination on pathological specimens and surgery.

PATHOLOGY AND SURGERY.—This concluding subject of the practical pass-examination is held in the Council-room and large library adjoining. It is oral or *vivâ voce*; and each candidate is subjected to examination at two tables for a period of ten minutes at each table, making twenty minutes examination instead of half an hour, as, until quite recently, has been the period. Examples: What is this? an angular curvature of the spine. Point out the caries. What are its consequences? In hip-joint disease, recognise the alterations which the head of the femur and acetabulum have undergone. Specimens of tumours or morbid growths, &c. Pathology being so directly supplemental to practical surgery, this part of the College examination might be most advantageously extended. But the College museum, having no regular source of supply for the enlargement of its pathological department, should be aided by contributions from the hospitals, where duplicate specimens of value for the purpose of testing the student's knowledge are constantly accumulating.

EXAMINATION ON THE PRINCIPLES AND PRACTICE OF MEDICINE.—Candidates presenting themselves for the final examination for the membership or fellowship will be examined in medicine, unless claiming exemption under the published regulations of the College. But a candidate who has passed an examination in medicine for the membership, will not be required to pass any further examination in medicine for the fellowship.

These regulations cannot be too widely known, for they concern most candidates for the diploma of Member, and many candidates for that of Fellow. The examination is written.

On the occasion to which this communication happens to refer, the following questions were submitted; and they may be taken as illustrating the nature of this examination.

April 30th, from 1.30 to 3 P.M.—1. Give a short account of scarlet fever, and its varieties; your treatment of particular cases of the disease, and the method you would adopt to prevent its propagation. 2. Enumerate some of the commoner forms of the cutaneous diseases of the scalp, and their treatment. 3. Mention the principal Pharmacopœial purgative agents; and give the composition and doses of each.

Oral or vivâ voce Examination in Medicine.—This examination is held immediately at the termination of the *vivâ voce* in pathology and surgery; the candidates who have undergone the *written* examination in medicine enter the adjoining room, or small library, and are subjected to questions by the examiners in medicine. Each candidate is submitted to this additional test for ten minutes, and a second ten minutes when the first period had not proved satisfactory.

Results of the preceding examinations for the diploma of Member.—Primary examination, April 26th, 27th, and 28th: Number of candidates, 103; 11 of whom had been up once previously, and 5 of the 11 twice before; the present occasion being their third trial. 43 of the whole number referred to their anatomical studies for three months. All these were candidates for the first time.—Second or pass examination, May 3rd and 4th: Number of candidates, 40; only 1 having been up on a previous occasion. 9 were referred for six months. The one previously referred, passed.—Medicine: Number of candidates, 24; 10 of whom were referred for a period of not less than three months.

In conclusion, the following general remarks will, I trust, not be unacceptable. As regards the *written* examination, the general characteristics of a "good" paper may be gathered from some of the most satisfactory, and which I have had the opportunity of carefully perusing. Each element of any question was answered successively, and nothing foreign to the question introduced. Conciseness and brevity are not only good qualities in a paper, but they enable the well-informed student to answer all the six questions, and with due allotment of space to each; instead perhaps of his being compelled to restrict his answers to the modicum requirement of only four questions, and possibly with an inadequate consideration of even these. Disregard of conciseness might lead the student unwittingly to be beaten by time; and the mere length of a paper is no measure of its sufficiency.

Having watched the course of *practical* examination in anatomy and surgery, it seemed to my judgment that students failed to acquit themselves satisfactorily mostly in topographical or external anatomy, and in the use and application of surgical apparatus. The former deficiency would appear referable to neglect on the part of the students to handle and observe for themselves the configuration of the body in the living, or even in the dead subject. Most dissectors' manuals give directions for observing, and a descriptive examination of, the various prominences and depressions to be seen and felt on the surface of the body, *before* commencing the dissection of the part in hand. But the student, in his eagerness to get the skin off and begin dissection, overlooks this very important preliminary knowledge of anatomy, and its relation to that beneath the surface. It should, however, always be remembered that the surgeon, in practice, approaches the body from its exterior, and that the topography of the surface guides to the interior. The "crammed" student soon betrays his ignorance, by looking up to the ceiling for recollection when asked questions which can only be answered by using his unused eyes to see and his hands to feel. In

regard to surgical apparatus, the want of practical knowledge must be referred to inadequate instruction in the hospitals. The College Examining Board has done and is doing its duty towards the profession and the public; let the hospital-schools do theirs, even more thoroughly than at present. When a student is asked to measure a patient for a truss, the answer ought not to be, "I cannot; I have never been taught." The supreme importance of *personal* knowledge resides obviously in the personally responsible nature of the duties pertaining to the student medical practitioner. F. J. G.

Correspondence.

"Audi alteram partem."

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I should hesitate to ask for a corner in your valuable journal at this important juncture in the history of our profession but for the real importance of arriving at definite conclusions respecting the safety and the efficiency of the doses of a remedy which seems to have no ordinary claim upon our consideration in the character of a hypnotic pure and simple. The very courteous criticism of my communication "on Hydrate of Chloral in Cancer," by Dr. Clarke, of South Molton, and the letter of Messrs. Howe, giving the experience of the Berlin doctors, show that farther experience is wanting to guide those who may be disposed to leave the old paths of morphia, &c., in favour of the chloral. In *The Practitioner* of the current month, Dr. Ogle, of St. George's Hospital, has a note, stating that he has used this drug for some time, and the dose he employs generally and satisfactorily is not more than twenty grains. Of course I don't want to argue in favour of any absolute quantity, as, with our knowledge of the *tot homines* principle, such restriction would be absurd; but I fancy that it may be conceded that age and the amount of suffering to be relieved should generally be taken into account in apportioning the requisite dose. Since the publication of my short report on this subject, I have had occasion to prescribe the chloral for a young lady aged twenty-two, having a painful mammary tumour which much disturbs her rest at night. Fifteen grains make her quickly drowsy, and she sleeps well till morning. A case of uterine cancer, relieved by ten grains three times a day, began to complain of pain again, and fifteen grains were prescribed. The effect was remarkable. She was, as reported by both house-surgeon and nurse, intoxicated by each dose, and of course it was reduced. In a case of cancer of the tongue made comfortable by ten grains three times a day, the patient caught severe cold and became restless at night. Twenty grains were ordered at bed-time. He complained of headache, and too great drowsiness, and upon reduction of the dose to fifteen grains, he was relieved of any unpleasant symptoms, and sleeps all night. In one case only, an old woman with advanced cancer of the breast and solid œdema of the arm, have I had occasion to exceed the twenty grains as a night draught. At first she was made perfectly comfortable with twenty grains, but now she is taking thirty-five grains most beneficially. You see, Sir, that I have no bias or reticence in the matter. I only want to secure that we shall not lose the great advantage which this drug seems to offer us by any possible mischances in its administration. If I might be allowed to make a suggestion for safety's sake, I would counsel that ten grains should be the primary dose, and then let it be increased if necessary, *secundum artem*. There is still the delicate question of the standard quality of the drug, which may have something to do with diversities of effects. Would it be within the powers of the Pharmaceutical Society to institute and enforce such a standard, that we may all be sure we are working with the same material?

I am, Sir, your obedient servant,

Upper Berkeley-street, May, 1870. WEEDEN COOKE.

To the Editor of THE LANCET.

SIR,—Perhaps you may think the following note on chloral of sufficient interest to print. At the Royal Hospital for Incurables, Putney, there is a patient suffering from cancer. She was admitted at the end of last year, and for a long time I tried a number of drugs to ease her intense suffering—opium, morphia, and cannabis, but they all had but very transient effects, and were followed by derangement of stomach.

Seeing by a recent number of THE LANCET that Mr. Weeden Cooke recommends hydrate of chloral in ten-grain doses three times a day in such cases, I determined to make a trial of this drug. She accordingly took ten grains three times daily, beginning May 12th. The next day she was certainly better; she had had a good night, but the pain was not altogether gone; there was no sickness nor headache. She was directed to take a dose when in pain. To my great satisfaction she had to take only one or two doses; for from that time to this, she has had no return of pain. How long this may last I cannot say, but from this case and others in which I have employed chloral, I am led to hope much from this new addition to our list of remedies.

I am, Sir, your obedient servant,

THOMAS JAMES WOODHOUSE, M.D.

Ranelagh-lodge, Fulham, May 20th, 1870.

UNUSUAL COMPLICATION IN LITHOTOMY.

To the Editor of THE LANCET.

SIR,—While performing the lateral operation for lithotomy about a month ago, on a child six years old, I met with a difficulty which I have never read of in any of the works on the subject. On withdrawing the knife after having passed it along the grooved staff into the bladder, I introduced my finger in the usual manner, but no stone could be found in the bladder. During the movements of my finger in search of the stone, I felt something unusual near the second joint of my finger, and then found that the calculus, a small one, had slipped out of the bladder on the withdrawal of the knife, with the gush of urine, and was lying in the recto-vesical pouch, from which position I managed to hook it out with my finger, without using the forceps at all.

The patient has perfectly recovered in every way, although I suppose the opening into the bladder must have been unusually large.

I am, Sir, your obedient servant,

Kettering, May 14th, 1870. J. WINTER DRYLAND.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

SMALL-POX IN PARIS.

THE epidemic of small-pox is still the engrossing medical topic in this city; and as the question is one of general interest, I have grouped under a few separate headings the main facts which have occurred here during the last fortnight in connexion with the reigning disease.

Present condition of the epidemic.—The number of deaths is still on the increase. Last week (ending Saturday, 28th ult.), the mortality amounted to 215, whilst the week before there were only 195 deaths. All the quarters of the town have been more or less severely visited; but those which have undergone the most cruel ravages are the 10th, 11th, 12th, 17th, 18th, 19th and 20th *arrondissements*—namely, the more densely and poorly populated districts. The disease does not confine its attacks to the poorer classes, however; the wealthier circles of the Parisian population have paid a large tribute to the mortality; and among those who are now suffering from the malady I may just mention the names of the Duke de Caumont-Laforce, and of Prince de la Tour d'Auvergne, former ambassador to London. A few days ago one of the children of Prince Napoleon was hurried away to Mentone, as he presented symptoms which threatened an attack of the disease.

Incident at the Corps Législatif in connexion with the epidemic.—On Monday, the 30th ult., one of the deputies of Paris questioned the Ministry touching various features of the epidemic. M. Ferry pointed out the necessity of urgently calling the attention of the public to the utility of

revaccination, that being the only effectual measure wherewith to combat the formidable strides of the scourge. At this point of his speech he was interrupted by several members who disputed the efficacy of revaccination. M. Ferry supported his view, grounded on the unanimous opinion of the medical body, and said that at all events it concerned the Government to institute an inquiry on the subject, and obtain a positive decision from some authorised Society like the Academy of Medicine. M. Ferry was quite warranted in expressing himself in this manner, and it is really wonderful that the Academy of Medicine, which was mostly instituted in view of such emergencies, has not yet considered it to be incumbent upon itself to enlighten the public on such pressing and conflicting questions as the relative value of human and animal vaccine, the utility of revaccination, &c. I have already mentioned that the public, through the doubts and hesitation which have been manifested in various medical quarters concerning the above subjects, has become sceptical, and now shows much less *empressement* in seeking after revaccination. The Academy of Medicine, instead of contenting itself with assisting at a solitary combat between M. Depaul and M. Jules Guérin, as it did during the recent debate on vaccine, should have drawn up a code of simple practical recommendations to the public, and pointed out to the Government the various measures for obtaining a thorough extension of vaccination and revaccination. But I must return to the incident at the Corps Législatif.

Continuing his discourse, M. Ferry remarked that the Government had not taken measures for affording a sufficient provision of vaccine virus to the public. Thus, in the twenty *mairies* of Paris vaccination took place only once a week, and each time only 30 or 40 persons could be vaccinated out of the 600 who presented themselves. He also alluded to the fact that the authorities had collected a considerable number of variolic sufferers in the Hospice des Incurables, Rue de Sèvres, situated in a most central part of the town, and had thus contaminated the whole quarter. Why not adopt a system of extemporaneous hospitals erected at a certain distance from Paris?

The answer of M. Chevandier de Valdrôme, the Minister of the Interior, contains several points worthy of being noted. The Government had done its best to supply the virus; *it would not enforce the practice of revaccination, since,* as the honourable member had just had occasion to observe, *its efficacy was so strongly contested* (the italics are mine); all the Government could do was to furnish a sufficient supply of the virus for those who chose to employ it; he himself had set the good example by having himself revaccinated, and at the same time all the *personnel* of his department. There was every week a vaccination service at the various *mairies*, and in the hospitals of Paris. Means had necessarily been taken to relieve the Paris hospitals of their variolic patients. The convalescents were sent to the country asylums of Vesinet and Vincennes. It had been necessary to establish a special variolic service in the capital; this had been done at the Hospice des Incurables, and had been followed by no inconvenience. It had brought on no spread of the disease in that quarter of the town. The cases here were comparatively of little frequency. Several large neighbouring establishments (convents, garrisons, &c.), had not presented a single case of variola, and only two cases of the disease had broken out in the other half of the hospice, inhabited by 250 ordinary patients, and separated from the other half only by a chapel and court-yard. It was very remarkable that the epidemic raged in the quarters of the town where there existed no hospitals. In the course of this speech, the Minister presented some interesting statistical facts connected with the progress of the epidemic. The first cases of variola, he observed, were noticed in the month of November last. The epidemic became intense in the month of January, and from that time up to the 26th of May, 4333 cases were admitted into the hospitals. Out of this number, 2935 had been sent out cured, 692 had been fatal, 906 were still under treatment, and were spread over the various nosocomial institutions. Thus 232 were at the Hospice des Incurables, 105 at Lariboisière, 100 at La Salpétrière, &c. The Minister concluded by saying that, judging from the documents which he had in hand, there must have been a total number of from seven to eight thousand cases in Paris since the beginning of the epidemic.

Vaccinal Congress in Paris.—The first meeting of the Vaccinal Congress, which I announced in my last letter, took place on Wednesday evening at the Gymnasium Paz. There were about two hundred persons in attendance, and among the audience, which was not exclusively medical, the presence of several ladies was to be observed. A board was formed, with Dr. Caffe as president, and MM. Gallard and Marchal de Calvi as vice-presidents. The first question on the programme was then immediately brought forward for discussion—Human and Animal Vaccine: their comparative value, their dangers (vaccinal syphilis, &c.) M. Amédée Tardieu was the first orator to handle the question, and he did so in a lengthy and free harangue, which was listened to with much interest. M. A. Tardieu insisted on the existence of a peculiar atmosphere, or "medical constitution," which was entirely exceptional, and which exerted a considerable influence on the progress and character of the present epidemic. Notwithstanding the many ingenious considerations by which the orator supported this view, his conclusions, far too absolute, and tending to establish the uselessness of revaccination, were strongly opposed by several members, and amongst others by MM. Marchal de Calvi, Bonnières, Lanoix, and Revillout. M. Lanoix was expected to make a special harangue in defence of animal vaccine, but time did not allow, and the meeting was adjourned to the following Wednesday.

Carbolic Acid in the Treatment of Small-pox.—Of all the means which have been employed during the present epidemic for the treatment of the disease, there is one which deserves to be specially noted, on account of the considerable success which it has afforded—namely, the internal and external use of carbolic acid. If I am not mistaken, M. Chauffard, of Cochin Hospital, was the first to try the remedy, and in a recent sitting of the Société Médicale des Hôpitaux he related the excellent results which he had obtained. Carbolic acid was administered internally in doses of one gramme daily, in a draught of from 125 to 150 grammes, and employed externally in lotions to 50 or 100 parts of water. Under the influence of this treatment (which Dr. Chauffard applies on the very first appearance of the eruption), the severe febrile phenomena, and the effects attendant on suppuration, were seen to abate and disappear with rapidity. The efficacy of the remedy was especially noted in the secondary fever of severe confluent variola. Since M. Chauffard's communication, other cases have been published in which the effects of the remedy were most remarkable, the disease being most speedily and extraordinarily amended by the administration of the substance; indeed, the reporters of these cases, Drs. Douillard and Martinelli, advocate the remedy in such warm and urgent terms that the generality of medical practitioners cannot do otherwise than give an immediate trial to the procedure.

Is Vaccination a Useful and Efficacious Proceeding?—This seems an idle question; and yet, after having stated the views, doubts, and objections brought forward by some medical men, and now acting upon the public mind here, I may as well group together a few facts, showing the excellence of the operation. M. Besnier, in his report on the *ensemble* of medical facts observed recently in the Paris hospitals, thus writes on the state of the question: "We know that, in a certain number of cases, the benefit of previous vaccination disappears in time, and that individuals bearing splendid vaccinal cicatrices may die from confluent variola, and still more frequently from malignant variola of the hæmorrhagic form. We know that a still larger number of vaccinated subjects may be affected with discrete variola, which may occasionally present intense severity and terminate fatally; but we also know that these facts do not the less constitute an 'exception'; and that the great number of our vaccinated subjects having small-pox are only slightly attacked. And we know, on the other hand, that we sometimes happen to see non-vaccinated subjects slightly attacked—this constitutes a still greater exception; and that for these non-vaccinated individuals, the severity, the confluence, and the malignity of the disease constitute the rule and not the exception.

From other sources, Dr. Gintrac, of the Hospital St. André, Bordeaux, informs us, that out of 98 cases of small-pox under treatment, there were 71 vaccinated subjects, who gave 9 deaths (12 per cent.); whereas 28 non-vaccinated individuals furnished 18 deaths (66 per cent.) M. Bucquoy, of Cochin, reports ten fatal cases of hæmorrhagic variola,

in which all the patients had not been vaccinated. During the same period, Dr. Archambavet, of the Children's Hospital, noted only cases of modified small-pox in vaccinated children, whereas almost all the non-vaccinated had confluent small-pox.

Paris, May 31st, 1870.

Obituary.

THOMAS NUNNELEY, F.R.C.S.

GREAT general ability and force of character as a man, and unusual vigour of thought and practical efficiency as a surgeon, were the distinctive qualities of Mr. Nunneley, for many years the most noted practitioner in Leeds, where he died on the 1st inst., after a short illness. He was born in March, 1809, at Market Harborough, of honourable parentage. His childhood was attended with unusual feebleness, supposed to arise from some spine affection, which kept him much at home, and caused him to seek in books and experiments the amusement he would otherwise have enjoyed in the playground. He was already a proficient in elementary anatomy and physiology when he entered as a student at Guy's, where he soon attracted the notice and obtained the patronage of Sir Astley Cooper and Mr. Key. Having become a member of the College and a licentiate of the Hall in 1832, he proceeded to Paris, where, under the auspices of a nephew of Laennec, he made himself master of the stethoscope. Shortly thereafter he established himself in the great Yorkshire city with which his life and labours have been since identified. In 1838 he published Anatomical Tables for the use of students, and in 1841 he reissued, in an extended and very valuable form, an early prize essay, "On the Nature, Causes, and Treatment of Erysipelas." He became connected as surgeon with the Leeds Eye and Ear Infirmary, in which capacity he proved so proficient that his practice grew almost entirely ophthalmic in its tenour; while for cataract alone he performed more than one thousand operations. In 1858 he published a volume on "The Organs of Vision, their Anatomy and Physiology," which has a permanent place on the bookshelves of all ophthalmic surgeons. All this time, moreover, he was engaged at odd hours in researches on the real value of presumed antidotes and remedies, and published in 1847 "An Essay on the Effects of Hydrocyanic Acid upon Animal Life," and another in 1849 "On Anæsthesia and Anæsthetic Substances generally." The reputation earned in this department led to his being called in on many important criminal trials, of which that of Palmer in 1856 was the most noteworthy. In 1863 he embodied the results of the last of his toxicological investigations in a pamphlet on "The Effect of the Calabar Bean on the Animal Economy," in which his sagacity and caution are seen to very great advantage.

Mr. Nunneley's position as a surgeon and an oculist was now high and acknowledged; while as a representative of the cause of medicine as a science and as a profession, he stood forth in the provinces like a solitary Roman centurion left in defence of the wall of Hadrian. He was an enlightened as well as a public-spirited man; and on the occasion of the meeting of the members of the Royal College of Surgeons, in March of the present year, on the great question of medical reform, he moved, in a speech of characteristic freshness and force, the necessity of taking out of the hands of existing medical corporations the control of the proposed single examining and licensing board. His reputation was ever on the increase, particularly after his appointment in 1864 as surgeon to the Leeds Infirmary—a post in which he performed many most difficult operations with equal boldness, skill, and success—till, within the last few days, his health underwent a rapid change. The sad result is now known to all the profession in these islands; and the sorrow expressed at home will be loudly echoed abroad, that a teacher, a *savant*, and a practitioner, so able, so accomplished, and so genial, should, at the untimely age of sixty-one, have so suddenly gone down to his rest.

DAVID PRICE, M.D., F.R.C.S.
(OF MARGATE.)

A NATIVE of Wales, Dr. Price, being intended for the medical profession, came to London to study at the schools of Guy's and St. Thomas's, in the days when they were united, and when Sir Astley Cooper was in the zenith of his fame. Sir Astley was very favourably impressed with the young Welshman, and during Price's studies was very kind to him, and paid him much attention. He became a member of the College of Surgeons in 1812, and commenced practice at the East end of London, and resided there some time, until his health began to fail, when he selected Margate as a place suited to his own failing health, and as a field for practice. This was between forty and fifty years since. The change of climate had such an effect upon Price that his health completely re-established itself, and he soon acquired an extensive practice; and as Margate has risen much in estimation as one of our health resorts, of course Dr. Price became very extensively known. It was not until he was verging upon fourscore years that he in any serious way relaxed in his professional efforts; and, in fact, until within a few months of his death, he was somewhat actively engaged in his work. He died May 30th, at the good old age of eighty-three.

Dr. Price was the very type of the gentlemanly old general practitioner. He was a remarkably good-looking man, even in old age, and was a painstaking, earnest, and able practitioner, inspiring a wonderful amount of confidence by his manly bearing and pleasing manners, and extracting from all who knew him much reverence for his thorough honesty and uprightness.

Dr. Price had a numerous family, and some distinguished sons. The eldest, Percival, after much promise, died early; Peter, the well-known surgeon, who died a few years since, after having made himself a man of mark, was another; and the present Dr. David Price, well known for his scientific attainments, is another. Dr. William Price, the youngest son, had joined his father, and is now worthily representing him in an extensive practice.

CHARLES COLLIER, M.D.

THIS gentleman died at his residence, Fitzroy-square, on the 6th of May. At an early period of life he entered the army in the capacity of surgeon, and was present during the Peninsular campaigns, and at the field of Waterloo. His remaining term of active service was passed in the West Indies, Ceylon, the Mauritius, and India. About 1840 Dr. Collier retired from active service, and at that time held the rank of Deputy Inspector-General of Hospitals. In 1845 he was consulting physician to the St. Pancras Royal General Dispensary. Up to an advanced period of life Dr. Collier devoted himself to pursuits of a literary and scientific character. His principal works of literature were entitled, "Aristotle on the Vital Principle, translated from the original text, with notes" (a very able performance, recommended to all students of the Stagirite by no less an authority than the Master of Trinity), the notes occupying half the volume; "An Essay on the Principles of Education, physiologically considered;" and "The History of the Plague of Athens, translated from Thucydides, with remarks explanatory of its pathology." He was especially distinguished in his scientific pursuits by an intimate knowledge of conchology, with which his name is much connected. Dr. Collier was M.D. of St. Andrews; Fellow of the Royal College of Physicians, the Royal College of Surgeons (Hon.), and of the Royal and Geographical Societies. Always desirous to keep up with the progress of knowledge, he was, in later years, an assiduous member of the Royal Institution of Great Britain; and, with regard to his personal character, it may be observed that he was as distinguished for his powers of conversation, and the genial disposition evinced in his social intercourse, as for the activity he manifested in his learned pursuits. Dr. Collier died at the age of eighty-four.

MR. S. CRAMPTON has been awarded a prize of five guineas by the Council of the Apothecaries' Hall, Dublin, for the best examination in pharmaceutical chemistry.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the final examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 28th ult.:—

Hyde, William Derby, L.S.A., Hemel Hempstead.
Phillips, John, L.S.A., Whitland, Carmarthenshire.

It is stated that of the twenty-one candidates admitted to examination for the Fellowship of the College of Surgeons on the 26th, 27th, and 28th ult., nineteen were successful.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 26th:—

Atkinson, Alfred James, Bessborough-gardens, S.W.
Boddy, Hugh Walter, Salford Hospital.
Hyde, William Derby, Hemel Hempstead.
Lawton, Joseph, Torquay.
Phillips, John, Whitland, Carmarthen.
Osborn, Samuel, Gresham-park, Brixton.
Wayman, Clement Page Scott, Great Thurlow, Suffolk.

As Assistant in Compounding and Dispensing Medicines:—

Gill, Joseph William, Pendleton.

EAST LONDON HOSPITAL FOR CHILDREN. — The governors held their annual meeting on the 25th ult., Lord Enfield in the chair. Since the opening of the charity in 1868, out-patients to the number of 8879 and 796 in-patients have been relieved. A committee of management and a central committee were elected for the ensuing year, Dr. Andrew Clark co-operating with Dr. Barnes as consulting physician. Among other resolutions unanimously agreed to, it was resolved to move the hospital to more eligible premises—those now occupied having been only provisional.

THE Society for the Prevention of Cruelty to Animals held its annual meeting at Willis's Rooms on the 28th ult. The Earl of Harrowby presided over a numerous and distinguished assembly, among whom Miss Burdett Coutts was recognised and greeted with loud cheers. Mr. Colam, the secretary, read the report, from which it appeared that during the last twelvemonth 1392 persons had been successfully prosecuted by the Society; while the abandonment of certain cruel, yet customary, operations on horses, dogs, sheep, and fowls was one among its many humane triumphs of the year. The chairman congratulated the secretary on the energy and success with which he had stamped out the bull-fighting import from Spain; and the Bishop of Gloucester, in moving the adoption of the report, referred to what he was sure must be the gratification of Miss Burdett Coutts at the progress of her plan for the systematic teaching of man's duty to the lower animals. The finances of the Society were in a highly satisfactory condition.

PRESENTATION TO MR. GARNHAM AT RIPLEY.—A very handsome silver salver was presented on the 26th ult. to George Garnham, Esq., M.R.C.S. Lond., by the members of several sick clubs in Ripley and vicinity, as a small token of gratitude for his unbounded kindness and attention to them during the last twelve years. In reply to the deputation which waited upon him with this gratifying proof of his popularity, Mr. Garnham said that the pleasure he felt in accepting the gift was enhanced by the knowledge that it was the voluntary offering of persons to whom a few pence was a great consideration. We echo the hope of the subscribers that Mr. Garnham's skilled and genial services may long be spared to them.

THE inhabitants of Blackheath have refused the offer of the Metropolitan Board of Works to "plant it and beautify it." The common is to be kept under the management of a local board, who will keep it unenclosed and in good order.

SPRAY APPARATUS WITH CONTINUOUS ACTION. — Professor Béclard lately introduced to the notice of the Academy of Medicine of Paris an instrument of this kind, made by Capron and Son. It consists of a bowl in which an elastic ball is confined; over it a cap; and, lastly, a pump supplied with a valve, which latter corresponds with the spray producer. By moving the piston of the pump five or six times, the ball is compressed, and the water, medicated or not, which has been poured into the cup, is forced towards the valve. The latter being opened, a continuous spray is produced, lasting full three minutes. Appropriate tubes may be used for bronchial, nasal, or pharyngeal spraying. M. Béclard stated that the advantage of the apparatus consisted mainly in its continuous action, doing away with the handworking of Richardson's spray producer.

Medical Appointments.

ALCOCK, Dr. A. M., has been appointed Medical Officer for the Inishannon Dispensary District of the Bandon Union, County Cork, vice H. Slorach, M.D., resigned.

BOYD, Dr. J. C., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Strabane Dispensary District of the Strabane Union, Co. Tyrone, vice Alex. Leney, M.D., resigned.

BRODIE, Dr. E. F., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Kiltormer Dispensary District of the Ballinasloe Union, Co. Galway, vice D. O'C. Reardon, L.K.Q.C.P.I., resigned.

BYASS, Mr. T., of Cuckfield, has been appointed Surgeon to the London, Brighton, and South Coast Railway Provident Society, for the Haywards-heath District, vice W. Verrall, M.R.C.S.E., deceased.

CLARK, A., M.D., has been appointed a Consulting Physician to the East London Hospital for Children.

CORMACK, M. P., M.D., has been appointed Medical Attendant to the Constabulary, Cashel, vice J. Graham, M.D., deceased.

DAVIS, Dr. C. J., has been appointed House-Physician at St. Bartholomew's Hospital.

DUDLEY, Dr. H. N., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Kennitty Dispensary District of the Parsonstown Union, King's County, vice R. Gibbs, L.R.C.P.Ed., resigned.

DWYER, Dr. M., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Louisburgh Dispensary District of the Westport Union, Co. Mayo, vice F. E. Lynch, L.K.Q.C.P.I., appointed to the Anamoe Dispensary District of the Rathdrum Union.

FINLAY, Dr. W., has been appointed Medical Officer and Public Vaccinator for the Western Division of the Clonbur Dispensary District of the Oughterard Union, Co. Galway.

HALTON, R. J., L.R.C.P.Ed., has been elected Medical Officer for the Kells Dispensary District of the Kells Union, Co. Meath, vice H. Pentland, M.D., resigned.

HARRISON, W., M.D., has been appointed Medical Officer and Public Vaccinator for the Gargrave District of the Skipton Union, Yorkshire, and Certifying Factory Surgeon, vice W. Harrison, M.R.C.S.E., deceased.

LYON, Dr. W., from the Royal Infirmary, Glasgow, has been appointed Medical Officer and Public Vaccinator for Middlebie, Dumfriesshire, vice Anderson.

PHILPOTT, H. G., M.R.C.S.E., has been appointed Surgeon to the London, Brighton, and South Coast Railway Provident Society, for the Brighton District, vice W. Verrall, M.R.C.S.E., deceased.

REID, A. S., M.B., has been appointed House-Surgeon and Apothecary of the Northern Infirmary, Inverness, vice D. Tulloch, M.B., resigned.

ROBERTS, T., M.R.C.S.E., has been elected Medical Officer for the Whitmore District of the Newcastle-under-Lyne Union, vice W. Walsh, L.K.Q.C.P.I.

ROBERTSON, E. C., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 3 of the Bellingham Union, Northumberland, vice W. Rogers, M.B., C.M., resigned.

SHAW, J., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Ford and North Hylton District of the Sunderland Union, vice J. Lang, L.R.C.S.Ed., resigned.

SHAW, O. S., M.R.C.S.E., has been appointed Junior Medical Assistant at the Gloucestershire Lunatic Asylum, near Gloucester, vice Hobley, appointed House-Surgeon to the Royal South Hants Infirmary, Southampton.

SIBBALD, J., M.D., Medical Superintendent of the District Lunatic Asylum for Argyle and Bute, has been appointed a Deputy Commissioner of Lunacy for Scotland, vice Arthur Mitchell, M.D., appointed a Commissioner.

SMITH, C., M.D., has been elected Medical Officer for the Strabane Union Workhouse and Fever Hospital, vice Alex. Leney, M.D., resigned.

SUTHERLAND, Dr. H., has been appointed a Physician to the St. George (Hanover-square) Dispensary, vice J. W. Legg, M.D., resigned.

TICEHURST, A. R., M.R.C.S.E., has been appointed Public Vaccinator for District No. 2 of the Hastings Union, Sussex, vice J. C. Savery, M.R.C.S.E., resigned.

TINDALE, W. R., M.B., has been appointed Medical Officer for the New Hampton District of the Kingston Union, Surrey.

TULLOCH, Dr. D., has been appointed Medical Officer and Public Vaccinator for the Parish of Lochcarron and the District of Kishorn, Rossshire, vice W. W. C. Burton, M.R.C.S.E., deceased.

WADSWORTH, Mr. R., has been appointed Dispenser at the St. Leonard, Shoreditch, Workhouse Infirmary.

WALKER, S., M.R.C.S.E., has been appointed Assistant House-Surgeon at the West London, Hospital, Hammersmith.

WHITBY, Dr. C. W., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Honiton Union, Devon, vice C. M. Vowell, F.R.C.S.E., deceased.

WILKINSON, W. H. W., M.D., has been appointed Medical Officer for the Thornhill District, and Public Vaccinator for District No. 3, which includes the Thornhill and Barnsbury Medical Districts, of the Parish of Islington, Middlesex, vice J. T. Slater, M.D., whose appointment has expired.

WILLIAMS, W. J., M.D., has been appointed a Surgeon to the North Riding Infirmary, Middlesborough-on-Tees, vice D. M'Cuaig, M.D., resigned.

WILMOT, A. E., L.R.C.P.I., has been appointed Medical Officer for District No. 8 of the York Union.

WOODMAN, W. B., M.D., has been appointed Fifth Assistant-Physician to the London Hospital.

Births, Marriages, and Deaths.

BIRTHS.

COSTIN.—On the 23rd ult., at Market-Harborough, the wife of John Q. Costin, Surgeon, of a daughter.

FERNIE.—On the 22nd ult., at the Vicarage, Shalton St. Margaret, Wilts, the wife of James Fernie, M.R.C.S., of a son.

SIMMONS.—On the 21st ult., at St. James's-road, Liverpool, the wife of B. Simmons, M.D., of a son.

SMITH.—On the 25th ult., at Tunbridge, the wife of C. Smith, M.R.C.S.E., of a daughter.

MARRIAGES.

ENNALS—CUTLACK.—On the 25th ult., at the Parish Church, Littleport, C. T. Ennals, M.R.C.S., to Kezia, second daughter of W. Cutlack, Esq.

KEMP—GREENWOOD.—On the 17th of Feb., at Nelson, New Zealand, William George Kemp, Surgeon, son of Major Kemp, of Canterbury, Kent, to Charlotte, daughter of D. Greenwood, Esq., of Woodland House, Nelson.

STEPHENS—MELLERSH.—On the 1st inst., at St. George's, Hanover-square, Edward Stephens, L.R.C.P., M.R.C.S.E., of Ilminster, Somersetshire, to Laura, only child of J. Mellersh, Esq., of Bellingham, Sussex.

DEATHS.

BOULGER.—On the 26th ult., at Clapton, E. Boulger, M.D., formerly of Bletchingley, Surrey, aged 53.

BURRELL.—On the 19th ult., at Redland, Bristol, Wm. Burrell, late Superintending Surgeon Hon. E.I.Co.'s Service, Madras Presidency.

BURT.—On the 19th ult., at Homburg, *près* Frankfort-on-the-Maine, T. W. Burt, M.D.

MERCER.—On the 22nd ult., at Charlton Kings, near Cheltenham, H. S. Mercer, Esq., late Surgeon Bengal Army, aged 75.

SNOOK.—On the 24th ult., J. W. Snook, L.R.C.P.L., of Wellington, Salop, aged 29.

SUTHER.—On the 10th of March, at Patea, New Zealand, J. B. F. Suther, M.B., aged 29.

Medical Diary of the Week.

Monday, June 6.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. John Birkett, "On the Nature and Treatment of New Growths."

Tuesday, June 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Seeley, "On Present English History."

Wednesday, June 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. John Birkett, "On the Nature and Treatment of New Growths."
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. John Bell: "Experiments on Fermentation and Parasitic Fungi."—Mr. John W. Stephenson, "On a New Form of Binocular Microscope."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Jelly: "An Account of the National System of Vaccination in Chilo."

Thursday, June 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

Friday, June 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. John Birkett, "On the Nature and Treatment of New Growths."
ROYAL INSTITUTION.—8 P.M. Prof. Odling, "On the Ammonia Compounds of Platinum."

Saturday, June 11.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Comets."

Notes, Short Comments, and Answers to Correspondents.

SMALL-POX IN PARIS.

ONE is utterly at a loss to know what could have induced "M.D." to address such a letter to *The Times* as was published in that journal on Tuesday last, relative to the epidemic of small-pox in Paris. Writing from the Rue Castiglione, "M.D." characterises the accounts of the prevalence of small-pox which have appeared in the press, and notably in *The Times*, as "exaggerated," and positively asserts that, although he has been in extensive practice for twenty years in Paris, he has not during the last ten years had so few cases of small-pox for the season as at the present time. He further advances a theory as to the origin of the alleged exaggerations; but the question whether his opinions, reflecting as they do in a kind of ambiguous way upon the medical profession in Paris, have any substantial foundation or not, may be set aside as quite foreign to the real point at issue. That point is not so much how certain statements have got abroad, as whether the statements themselves are true or false. In our last week's impression we remarked upon the magnitude which the epidemic had attained in Paris, and we stated facts which showed how enormously disproportionate was the fatality of the disease to anything which had been observed in London for a third of a century; the inevitable inference being that the present lamentable state of things in the French capital was attributable to the neglect of vaccination. The facts cited were drawn from the official weekly returns issued under the authority of the Prefect of the Seine, and are therefore beyond question. *The Times*, probably recognising the importance of a statement which presented the case in so striking a light, at once transferred our annotation to its own columns; and the result, it seems, has been to impress "M.D." with a fear that visitors will be kept away from Paris, so he has penned the ill-judged epistle to *The Times*, which has drawn forth a sharp and not undeserved rebuke from the Editor. We have before us as we write the official *Bulletin Hebdomadaire*, which shows that the virulence of the epidemic is increasing, the deaths last week having further risen to 218, being an advance of 23 on the return for the week preceding. And as a proof that the Parisian municipal authorities are alive to the serious character of the epidemic, we observe that the last two weekly bulletins have contained a request that medical practitioners will make known to their *clientèles* that in fatal cases of small-pox the hours for receiving declarations of deaths at the Mairie Centrale have been extended from 7 A.M. to 8 P.M., and that disinfectants may be gratuitously obtained there. The subject has also been mooted in the Legislative Assembly, and stringent enforcement of vaccination has been demanded.

An Old Subscriber.—Dr. Girault's pamphlet, which may be had of any foreign bookseller in London, will supply the information required.

Mr. Oliver Pemberton's paper shall be inserted.

SEVERE LACERATION OF HAND BY CIRCULAR SAW; CARBOLIC ACID TREATMENT; CONSERVATIVE SURGERY.

To the Editor of THE LANCET.

SIR,—As the carbolic acid treatment is still *sub judice*, you may perhaps consider this brief note worthy of record. It is only as it were a specimen out of many, showing the advantages of this treatment. Indeed, judging from no small experience, I have little doubt Professor *Lister's* views will triumph in spite of unworthy cavil and ungenerous opposition.

Thos. J——, aged seventeen, was admitted into the Chesterfield Hospital on Feb. 15th, 1870, with left hand severely lacerated by circular saw at the railway waggon works in this town. The little and ring fingers were all but severed by the accident, and were removed by scalpel, as well as head of metacarpal bone by nippers, the parts being brought together by silver sutures. There was dislocation of the thumb, which was reduced, and although the bone was laid bare, and there was great laceration, an attempt was made to save it under the carbolic acid treatment. The case went on most favourably, and on March 16th he was made an out-patient, the wounds being nearly healed. He has now a very useful hand. It is right to add that the wards are lofty and well ventilated, with ample cubic space.

"Opinions may differ," says Sir William Fergusson; "but in my opinion it is a grand thing when by prescience even the tip of a thumb can be saved."

I am, Sir, yours faithfully,
Chesterfield, May 23rd, 1870. JOHN ROSE, M.D., R.N.

Student.—Roberton's instrument for replacing the prolapsed funis is used as follows:—A loop of tape is passed as a sling through the eyelet-hole near the blind end of the tube. In this loop the prolapsed cord is held. The stilet is then passed in the tube to carry it into the uterus beyond the presenting part of the child. When the loop and funis slung in it are in safe position, withdraw the stilet, leaving the elastic tube *in sitû*. This, of course, will follow when the child is delivered. It offers no impediment to labour.

THE letter of *Mr. George Munder* shall receive attention next week.

A QUERY.

To the Editor of THE LANCET.

SIR,—I should feel obliged if some of your numerous readers could tell me the best way to remove a very tight gold ring from a lady's finger, without injury to either the finger or the ring. Yours, &c.,
May, 1870. L.K.Q.C.P.I.

QUACK ADVERTISEMENTS.

WE were glad to see that Sir R. W. Carden, in recently investigating a charge of assault preferred by an individual calling himself Matthew Allison Orr, seized the opportunity of directing attention to the demoralising advertisements that have from time to time appeared in some public journals. We cannot be surprised at what may be presented in papers which truckle to the worst tastes of the lowest classes; but it is to be regretted that the advertising columns of any respectable journal should be open to such advertisements. It would be well if newspapers, particularly in the provinces, would combine for the exclusion of all quack advertisements whatsoever. The columns of provincial journals are the *nidus* in which quackery breeds and propagates itself; and John Knox's prescription of "dinging down the nests" seems the most efficacious for making such rooks "flee away."

Dr. C. B. Garrett (Hastings) will find it difficult to say anything that has not yet been said on the "uvula and its functions," or to meet with any correspondent who can assist him to originality.

Assistant-Surgeon.—As a Government officer acting under orders, we do not think our correspondent could *claim* a fee. If, however, he had reason to suppose that his attendance was demanded for the purpose of saving expense only, he should represent the matter to his captain.

Dr. Henry Bennet's letter on "Women as Practitioners of Midwifery" shall appear in our next number.

Mr. H. D. Schmidt, (New Orleans.)—A copy of the article courteously forwarded by our correspondent has been received; but we do not think anything would be gained by opening up the subject anew.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I read in your issue of Feb. 26th last a statement pregnant with interest to me, to the effect that her Majesty's Under Secretary of State for India was about to be asked very soon some pertinent questions regarding candidates for, and officers in, the Indian medical service. I think it opportune that the questions detailed in the statement referred to should be put as promptly as may be; and, further, I should be glad to be permitted by you to give in your columns to intending candidates and to the public at large some little information as to the prospects generally of medical officers in the Indian medical service. Taking my own case as my text, for the reason that I know it better than I do the cases of others, I will tell it as concisely as I can, commenting upon the few facts as I proceed.

Upon my arrival in India a few years since, I found myself the recipient of 286 r. 10 a. a month (as a temporary measure only I thought). This sum was the authorised pay of my rank as an unemployed assistant-surgeon in the Indian medical service. Now I must stop even thus early to remark that 286 r. 10 a. are not to be measured in value by the purchasing power of their English nominal equivalents. As almost everybody in England is, I suppose, now aware, a rupee is nominally a florin, and an anna is nominally three-halfpence, and the majority of candidates for the Indian medical service, in common, I take it, with all their relatives not grey-haired and wise, believe that to the new-coming assistant-surgeon of her Majesty's Indian army will at once be assigned an income corresponding to the English income, £360 per annum, and that this initial amount of monthly wage will very speedily be exalted to an income corresponding to the English one of £540 per annum. In the meantime—i. e., during the dates between the commencement of the smaller and larger wage—it is conceivable that fond English mothers who have watched their boys' working from school-time till they were some twenty-three or twenty-four years old, and English fathers who have paid their sons' unremunerative way from their birth to the date of their entrance into the Indian medical service, hope that their sons are, if not enjoying full pay, and if remaining "unemployed," at least enjoying a welcome holiday in a new country, being "unemployed." But what was my case? and I do not think that I was more hardly, if as hardly, used as many of my contemporaries. I took a high place at the examinations in England, and came out to India hopeful, willing, and strong. Then for the space of one year and seven months I was sent from station to station, losing money or property by each move, and having all the disagreeable odds and ends of work to do at each station, of course, whilst remaining in it. When at length I did obtain an "appointment," it was at the cost of removing myself, servants, and chattels to a place distant about 1500 miles, and until I joined my appointment at this distant place I continued to draw as monthly pay only the aforesaid sum, 286 r. 10 a. The transport cost me actually 1300 r., or £130. For it is laid down by the financial authorities, who are supreme in India just now, that any officer proceeding to join an appointment better in respect of pay than that previously held by him, shall travel at his own expense; but my view was that I had never held an appointment, and that I was entitled to travel at the public expense. My view, it is needless to say, was peremptorily negatived by the authorities. Now, let this question be argued, and I think, the argument once stated, disinterested persons cannot for a moment differ among themselves in their judgment or with me in my view.

a. The payment of travelling expenses was in my case, and I suppose in all cases, calculated not upon present income, but upon a prospective income, possibly never to be realised. If I had died on the road, my estate would have been mulcted of the cost of my travel, I having obtained no allowance at all to compensate my trouble, risk, and expense.

b. These travelling expenses constitute an unequal tax upon officers—e. g., one man is called upon to pay the expense of a journey of 50 miles, a second of a journey of 1000 miles, and a third has no journey at all, and therefore no expense. This inequality of payment is, I would urge, utterly unfair; for why should A. be taxed 50 r., B. 500 r., and C. nothing at all? If we exiles here must pay, by reason of inexplicable financial difficulties, some premium for our so-called appointments, let us, at least, be fined all in equal amount. Let the price of an assistant-surgeoncy in charge be invariably the same to A. as to B. and C.

c. The rule laid down is not in equity applicable at all to medical officers joining their first appointments; for their most humble appointment is stated in Government Regulations to be salaried by 450 r. per mensem. How, then, in joining an appointment so salaried can one be said to be joining a better appointment? Previously one has held no appointment at all, but has subsisted on "unemployed" pay.

I write thus at length in the interest of young British medical men at home who may be thinking of joining the Indian medical service. Let them before doing so reflect—

1. That they will be going as strangers to a country neither attractive nor healthy, to live in which is growing daily more expensive to Europeans; that consequently the country abounds less and less in amusements, which can only arise where there is plenty of surplus cash, and are almost a necessity here if life is to be of the sort described by "Junius" as a *vita vitalis*. In most stations now-a-days there is little or no big shikar, that great boon for which many of us looked so hopefully when we came out. Life is ineffably dull.

2. That at first they will probably be unable to pay their way, and that their future prospects, as exhibited in orders now, are not bright enough to compensate their certain early difficulties.

3. That the rupee is only a nominal florin, its purchasing power being at most one-half of the purchasing power of the English florin.

4. That once out here, *nolentes volentes*, they must almost certainly remain; they will have been trapped in the net of the fatal *vetiarius*.

And let them, having read what I have written, hesitate before determining upon an Indian career; and unless the press for, and scarcity of, paying doctor's work is very developed at home, let them, warned in time, remain there. Further, if the press is very great, and they must need go somewhere out of England to get a living, I would advise that they should, before selecting India, consider well if some other of our English dependencies would not be preferable to it.

I am, Sir, yours obediently,
May 3rd, 1870. AN ASSISTANT-SURGEON, H.M. INDIAN ARMY.

P.S.—Above all, let them, and those especially whose object in coming out is to support or help to support relatives at home, bear rigidly in mind that a rupee is not really what it seems to be. For my part I reckon its real value here at that of eightpence or ninepence in England.

Since penning the above, a new order has come to me, that out of my wage of 450 r. a month, 6 p. per rupee are to be deducted as income-tax—a tax added to the numerous indirect and municipal taxes which we are already called upon to pay. The monthly deduction from my pay under this order amounts to 14 r. 1 a., or in English nominal equivalents of money to £1 8*s.* 1½*d.*

COTTAGE HOSPITALS.

Enquirer can scarcely be a regular reader of THE LANCET, or he would have seen that his question has been frequently answered. Mr. Napper, Cranleigh, has published a work on the subject.

J. H. (Hanley) will perceive that his request has been anticipated. It is quite impossible for us always to insert a communication immediately after its receipt.

Mr. G. H. Wade's (Hants) paper on "Hydrate of Chloral in Delirium Tremens" has not been received.

PATENT HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—In your last issue there is an advertisement to the effect that two doctors are the sole authorised makers of this article according to Liebreich's prescription, and under his guarantee, and that another firm in Berlin has the general sale of their produce. Further, a disavowal is made of any connexion with us by all these parties. We have never claimed any direct or indirect connexion, and have no wish to do. A month ago a German firm residing in London, and who, it would appear, are sub-agents, issued a lithographed declaration that Messrs. Kunheim and Co., of Berlin, were the sole authorised manufacturers, and had a guarantee from Dr. Liebreich. The declaration and advertisement emanated from this London firm. It is clear, therefore, that the one is a contradiction of the other. Dr. Liebreich did not discover chloral, but simply introduced it into general use. A valid patent cannot be granted either in this country or elsewhere, and any statement to that effect is mere clap-trap.

You have been kind enough to insert two of our letters, and for your own satisfaction we beg to explain that our chief manufacturer is a particular friend of Dr. Liebreich's, and he it was who first made chloral for, and experimented with, the doctor. Is it even probable, then, that this manufacturer has not got the envied recipe, obtained also in a legitimate way of business? That an arrangement has subsequently been made between Dr. Liebreich and others for its manufacture, we do not deny. We have always supplied the pure article, and challenge proof to the contrary. More than purity cannot be obtained by anyone. From the largest buyers in England we have a testimonial that our chloral answers their purpose better than any hitherto offered. We have never any occasion to guarantee the purity of our chloral, its quality is so well known. These remarks will enable correct inferences to be drawn. We are, Sir, yours obediently,
Aldermanbury, London, May 26th, 1870. E. W. HOWE & Co.

A Subscriber.—There has not yet, we believe, been any examination this year. The pass-list will, as usual, appear in our columns. For all particulars relating to the degree, our correspondent should consult Dr. O. H. Bell, Professor of Medicine in the University.

Dr. Fenwick's (Harley-street, Cavendish-square) paper shall be inserted, and the accompanying drawings executed.

CASE OF TAPEWORM.

To the Editor of THE LANCET.

SIR,—Can any of your numerous readers propose a plan for the complete eradication of tapeworm. The subject is a healthy married woman, aged thirty. I have tried male fern in every shape and form, most frequently the extract, which on one occasion brought off a piece measuring twelve yards, the woman having previously fasted for nine hours, and the morning following taken a large cathartic and saline purge. I also tried areca-nut, recommended by one of your correspondents some time ago; but a large dose brought off only two joints; a second dose, nothing.—Yours, &c.,
May 26th, 1870. JUNIOR.

THE KENTISH-TOWN-ROAD PROVIDENT DISPENSARY.

IF the provident dispensary system is not carried out with some dignity, it will be a great blow to the respectability of the medical profession. A correspondent forwards us a bill, setting forth the great virtues of the Kentish-town Provident Dispensary—the medical officer, Mr. Hackney; consulting physician, Allen Sewell, Esq., L.R.C.P., M.R.C.S., L.S.A.; consulting surgeon, Frederick T. Coates, Esq., M.R.C.S. Eng. We are informed that copies of these bills were distributed by small boys on Saturday night to pedestrians. A provident dispensary should give a greater choice to its clients than a resident medical officer. There are two other officers, it is true; but they are of the order of consultants; one of them of the new order of Council-made physicians—a Licentiate of the College of Physicians. Surely there should be a grade between such extremes as these that ordinary mortals might consult. The conspicuous absence of such a grade in the Kentish-town Provident Dispensary augurs badly for its final success.

M.R.C.S., (Market Drayton.)—Hay's *American Journal of the Medical Sciences*, published quarterly by Henry C. Lea, of Philadelphia. The price is five dollars a year, and it can be obtained of Trübner, Paternoster-row.

Dr. Protheroe Smith's letter shall appear next week.

DR. MAUDSLEY'S MODE OF STATING DISPUTED OPINIONS.

To the Editor of THE LANCET.

SIR,—Are we to assume that because no objection has been taken in your columns to Dr. Maudsley's statements as to the relative development of brain in various races of men, and in the same races at separate stages of their national progress, therefore such statements are true, and admittedly so? While I have read with much pleasure those lectures now in course of publication, I cannot but demur to several opinions there advanced; and not only do I thus object, but I take exception to the broad and unqualified manner in which certain assertions are made, as if Dr. Maudsley were entirely unaware that at least equal authority to his own could be given for statements of fact and opinion very different from those he has pronounced. Without trespassing so much on your space as to give the very words of the lecture, I shall summarise their meaning thus:—That the brains of a people in a barbarous condition are smaller than they become when that people have advanced to a civilised state; that barbarous races are incapable of being elevated above their then savage state, until they be raised "by cultivation through several generations"; and that the "moral sense" is the result of organisation. Instead of quoting so old an author as Dr. Prichard, I shall address the authority of two of the most modern writers on this subject. Dr. J. Barnard Davis, in a memoir "On the Weight of the Brain in different Races of Men," gives these figures:—Cranial capacity of some Oceanic races, 104·6 to 98·5 cub. in.; Manganga (African), 103·4; Ghiliak (Asiatic), 100; and Dr. Thurnam gives the average cranial capacity of 56 ancient British skulls, supposed to be of men, as 96 (Mem. Anthrop. Soc. Lond., vol. iii.); all these being barbarous. Now let us see how civilised peoples stand in cranial capacity, this (with the necessary deduction for membranes and fluids) indicating the size of brain. In the French it is given by Dr. Davis as 80·4; in the Chinese, 92·1; and in the English, 93·1—that is, among the most uncivilised people we have a cranial capacity (size of brain being, of course, proportionate to this) larger by 10·3 cub. in. than we find among the most cultivated of the moderns; while if we take thirty of the rude savage races peopling the two Pacific Oceans, we have an average capacity of 89·4, the modern French (certainly neither barbarous nor uncivilised) standing at 80·4. Now, if these measurements be true (and I believe the authority of one of the authors of "Cran. Britann." is unquestioned), what becomes of Dr. Maudsley's statements so unhesitatingly and unqualifiedly put forward to prop up a gratuitous hypothesis?

As to the second exception I have taken, it will be sufficient to refer to the records of missionary enterprise for a refutation. Such records may not have all that value in the eyes of some which they possess with others; but after all deductions are made demanded by enthusiasm and zeal, more than enough remains to prove, if historical evidence can prove anything, that men in the most morally degraded and intellectually low condition can be, and have been, *while there*, lifted up to comparative civilisation.

The genesis of conscience is a question not to be more than glanced at here. Dr. Maudsley's reasoning on this head may be estimated by his opinion that the special cunning of the young fox or young dog is only the product of all that experience so hardly won by the foxes and dogs that have gone before! On the contrary, all history goes to prove that no people has been found so low, and no nation has ever begun its progress upwards without the possession of that receptive power of determining the right or wrong of an action ruled by the standard known to them. Conscience, even the most enlightened, may not determine the *essential* ethical value of a thought or deed; other aids are required. But what my position demands is, that a moral receptivity, great or small, is inherent in human nature.

As to the broad materialism of these lectures, I have nothing to say. If unconditional materialism be *true*, with all its logical conclusions, its supporters are, of course, quite entitled, and indeed bound, to advance it on our attention; but until this be shown much more conclusively than has as yet been the case, truth claims that public teachers should not forget there is another side of the question.

Your obedient servant,
Hanley, May 17th, 1870. J. F.

DOES A MIDWIFERY CONTRACT COVER ATTENDANCE FOR PERITONITIS?

Mrs. G. E. Horton.—Most certainly the husband of our correspondent is wrong. When a medical man undertakes for a certain fee to attend a lady in confinement, it is understood that the confinement is natural and, so to speak, physiological. If it is complicated by disease, involving extra attendance both before and after confinement, this must be a matter of separate charge, as it is a matter of extra service and responsibility. If our correspondent's husband is not unreasonable, as well as wrong, he will see this.

THE communication of *Mr. George Turner* (Alma-road, Canonbury) shall receive early publication.

HEALTH OF CHILDREN AT HANWELL SCHOOL.

SOME little warmth was excited at the last week's meeting of the guardians of St. Saviour, Southwark, by the statement of Dr. Shea (a guardian), that out of the first 80 children sent to Hanwell School from Mitcham Industrial School, 36 had to be sent to the infirmary in consequence of their having sore eyes and bad heads. This was met by the counter-statement that a certificate of the medical officer at Mitcham showed that the children were free from infectious diseases, and quite clean. Dr. Shea, however, persisted; and on moving that a report be obtained from Hanwell of the state of health of the first 80 children received there, the clerk said the weekly report from Hanwell had been already received, and it was found to bear out Dr. Shea's observations.

A. G. J.—The Rev. W. W. Cazalet is the gentleman referred to by our correspondent. Hunt's treatise, edited by the Rev. Mr. Rivers, may be recommended.

Mr. Thos. A. Roberts.—It would depend on the terms of engagement; but it is certainly not unusual for a principal on engaging his assistant to pay his fare for any long journey.

A MARTYR TO STONE.

To the Editor of THE LANCET.

SIR,—I shall be glad if some experienced lithotomists in England will, through your valuable periodical, advise what plan should be pursued in the following case, and state whether operations should be continued in the event of stones being again found present in the bladder by the sound.

A man with the phosphatic diathesis was operated on by one of my colleagues three times in the course of last year, the lateral incision being adopted, and great care was taken at each operation to ascertain that no other stone was left. At two of the operations one calculus was extracted on each occasion, and at the third operation two good-sized stones were taken out. About four months since the man came under my care in the hospital, and I operated again, and on this occasion two more small calculi were extracted, one of which was embedded in the lower part of the bladder, and was with some difficulty dislodged by aid of the finger and scoop. After carefully washing out the bladder several times, and on again introducing the finger, that part of the bladder which is above the pubes was found to be covered with deposit, which was sticking closely to the coats of the bladder. After taking away what I could, the man was removed to his bed, and in a few days he passed his urine by the natural channel. The coats of the bladder are evidently much diseased; and although the man has recovered from four operations, it becomes a matter of importance to decide whether he should again be subjected to lithotomy. I am now giving him nitro-hydrochloric acid, which I intend to continue for some time; and he has also had opium, which I discontinued, as it did not suit his stomach.

Stone is very prevalent here. We had eleven cases of lithotomy at the hospital during the last year, ten of which did well, and one ended fatally. This was a boy who had the hæmorrhagic diathesis, and one on whom nothing would have induced the surgeon to operate but the certainty of the lad's death if he did not. The great danger of the case was represented to the parents. I should say that we have, on the average, about 170 beds occupied in the hospital. One of my *confrères* and I have performed Sir Wm. Fergusson's new operation, the semicircular cut carried above the anus, but prefer the lateral, as the wound heals sooner. The ages of the patients operated on last year ranged from two years to fifty-seven years. Six of the patients were under ten years of age.

I am, Sir, your obedient servant,
R. T. WYLDE,
Hon. Surgeon, Adelaide Hospital.

North Adelaide, South Australia, March 28th, 1870.

*** Some source of phosphatic calculus production exists in this man's bladder, and he will go on forming it time after time. These are circumstances in which injections of the bladder and the flat-bladed lithotrite ought to be quite sufficient to maintain the bladder empty. Such cases are by no means rare, and may be kept in very tolerable condition by the means referred to. Clover's evacuating apparatus might also be useful. The best injection is the acetate of lead, half a grain to an ounce, injected daily, say two ounces repeated three times in about as many minutes, letting the first two flow out after a minute's sojourn in the bladder, and the last remain in altogether. Certainly the bladder should be emptied on easier terms to the patient than by lithotomy, and he is very fortunate to have submitted to it successfully four times.—ED. L.

DEEP-SEA LIFE.

IN the Senate house at Cambridge on the 27th ult., Dr. Carpenter addressed a large and attentive audience on the temperature and conditions of life in the depths of the ocean. On the motion of the venerable Professor Sedgwick, a vote of thanks was accorded to Dr. Carpenter with such heartiness as augurs well for the prospects of natural history studies in the University of Cambridge.

THE Editors of the Manchester Medical and Surgical Reports are informed that their request shall be complied with.

A VISIT TO THE DENTAL HOSPITAL.

To the Editor of THE LANCET.

SIR,—In reply to Mr. Ibbetson, I desire to say that I was introduced to him in the usual way in which one gentleman is introduced to another, and that it was not my fault nor the fault of my introducer if he did not observe the professional title which was clearly and distinctly prefixed to my name on the occasion. Annoying as the result of my first visit to the Dental Hospital was to me at the time, I am heartily glad that it has drawn from Mr. Ibbetson a statement at once emphatic and courteous of the willingness of himself and the other lecturers to admit any qualified members of the profession, and glad consequently that the exclusion, reserved only for unqualified obtruding strangers, was not meant for,

Yours truly,
Highbury, May 30th, 1870. A. D. DUCAT, M.D. EDIN.

THE BOARDING-OUT OF PAUPER CHILDREN.

It is very gratifying to observe the great progress which is now being made in the question of boarding-out pauper children. We have long advocated this method on purely sanitary and social grounds. It has been abundantly shown that the children so brought up are more robust and self-reliant than those who have been educated in pauper schools; and as now, happily, *The Times* and the *Pall Mall Gazette* have opened their columns to its advocacy, we may hope to see it adopted very extensively. If the metropolitan guardians are sufficiently intelligent to see how economical the plan is as compared with building fresh schools, we shall expect some early attempts to give to London pauper children the benefit of country homes.

Mrs. Eliza M. Fox will get the information she wishes for by applying to Mr. A. S. Boodle, Queen Charlotte's Lying-in Hospital, Marylebone-road, N.W.

Studiosus.—Pereira's Materia Medica will probably contain facts and references bearing upon the matter.

A Member of the Medical Reform Union.—The point should be urged by the Union.

THE SEA IN HYDE PARK.

To the Editor of THE LANCET.

SIR,—In your last number I observe a notice respecting bringing the sea-water into London as a means of healthy bathing for the people, and you seem to imagine the idea to be quite a new one. Now, Sir, I am quite sure that you are the last person likely to do an act of injustice to anyone, more especially to a member of the profession.

I beg to inform you that one-and-twenty years ago I promulgated the idea of bringing the sea-water from Brighton to London by means of pipes along the main road. The directors of the railway objected to their being laid along their lines. The ground was surveyed, and prospectuses issued; but a panic in the money market at that time caused the matter to drop. Messrs. Stewart and Landfear, of Abchurch-lane, were the solicitors for the Company proposed to be formed. Your obedient servant,

Balham, May, 1870. ALFRED KING, M.B.

Mr. W. Date, (Birmingham.)—Bodichon's treatise may be had at a moderate price of any foreign bookseller, of Mr. Ormsby, or of Messrs. Chapman and Hall. There are also, we believe, books on Algiers by the Rev. H. B. Tristram and the late Dr. Scoresby-Jackson. No French licence or diploma is required by the English practitioner; but our correspondent had better ascertain through her Britannic Majesty's Consul at Algiers whether there are not "Dates" enough there already.

A Surgeon.—It will do no good merely to fill up the excavation. Before applying any stopping, the carious portion of the tooth must be removed. Our correspondent will find it the best course to apply to a dentist.

S. H.—We have been given to understand that the merits of the essays are under consideration, and that an early announcement of the decision may be expected.

PROLAPSUS RECTI.

To the Editor of THE LANCET.

SIR,—I shall feel much obliged by any of your correspondents informing me where I can procure Dr. King's paper on "Prolapsus Recti."

I am, Sir, yours truly,

May 27th, 1870. M.D.

L.M. & M.R.C.S., L.S.A.

L.R.C.P. Lond., &c.—Happy is the man who condemns not himself in that which he allows. Our correspondent, if not conceited, must be somewhat curiously constituted to prefer using a title which "places him in a false position" to using his own good and proper titles. He may be entitled to call himself what he pleases; but we do not see it. At any rate he must excuse common people not calling him what he is not.

Dr. P. Martyn, (Malvern.)—We shall be happy to give the paper all consideration; but our correspondent would confer a favour by making it as brief as is compatible with lucidity.

Mr. R. Wyllie.—Anæsthetics can be used in surgical cases of the lower animals.

DISPOSAL OF SEWAGE AT LEAMINGTON.

To the Editor of THE LANCET.

SIR,—Would the better plan for "M.D." to adopt not be a careful perusal of not only the report of the Commissioners, vol. i., but the Minutes of Evidence, vol. ii., on which their Report is founded? And then, if the resulting impression on his mind as to the decided superiority of "irrigation" over all other rival schemes be not sufficient, let him, or rather the borough authorities of Deal (by themselves or deputation), go and inspect Beddington irrigation farm, in the vicinity of Croydon.

It may serve as an amusing illustration of the difficulty there is in arriving at the true state of a question to compare the description of the "A B C" process (now being put in action at Hastings) which appeared in the *Engineer* of last Saturday, with what the Commissioners say of this same process in their Report just issued.

I infer that "M.D.'s" question concerns the treatment of the sewage *after* draining from the town, not as to the drainage of the town itself.

Your obedient servant,

May 31st, 1870. J. F.

Roderick Random complains that the worst payers are parsons and dissenting ministers. We must allow something for their frequent poverty and the large demands upon their small means. Our correspondent is not so far wrong when he accuses them of often encouraging forms of false medical science. Still there are many true, generous, scientific men among them.

THE HISTORY OF ANÆSTHETIC DISCOVERY.

WE are compelled to hold over until next week the second part of our *résumé* of the above subject.

DR. T. HALL REDWOOD AND THE "HEREFORD TIMES."

Two cases of "Perforation of the Stomach" formed the subject of a communication sent to us by Dr. T. Hall Redwood, and reprinted from our columns by the *Hereford Times*. Objection was naturally taken to the local prominence given to Dr. Redwood's paper. While we strongly disapprove of THE LANCET'S papers reappearing in quarters where their purely professional interest cannot be expected to commend them, we cannot hold Dr. Redwood answerable for the course which was taken by the Editor of the *Hereford Times* solely on his own responsibility.

Fair Play.—There is no such person on the Register. Why, therefore, did our correspondent give the "irregular practitioner" a fee, or, indeed, consult him at all?

Dr. W. H. Dickinson's (Mayfair) lectures on "Chronic Hydrocephalus" shall receive early publication.

HOSPITAL ABUSE TOWARDS POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me to bring, through your aid, the above subject under the notice of the profession.

I am medical officer to a large district in the union in a city. All fractures and operations go (almost without a single exception) to the infirmary in the said city. By such means I am deprived of *at least* £100 per annum, in addition to losing all my interesting cases (being fond of surgery). Of the other sorts I get I fear to say how many. It would be some compensation were I allowed to see cases (which should, if they do not, belong to me) operated on; but this is a consummation not to be thought of, the portals of the infirmary being closed to the general body of the profession.

If you will kindly help forward this much-desired reform, you would, Sir, confer a lasting favour on the Poor-law medical officers, and I know you are always ready to advocate our cause. Yours obediently,

June 1st, 1870. NEMO.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Protheroe Smith; Dr. Letheby; Dr. E. S. Thompson; Dr. Drysdale; Mr. Murdoch; Mr. Godrich; Dr. Laffan; Dr. Bulmer; Mrs. E. M. Fox; Mr. Binns; Dr. King, Balham; Dr. Fenwick; Dr. Adamson, Rathkeale; Mr. Donnell; Mr. Owen; Dr. MacCormac, Belfast; Dr. Martyn, Malvern; Mr. Coleman, Calne; Dr. Still; Dr. Thorne Thorne; Mr. Anderson; Mr. W. Asheton; Dr. Redwood, Rhymney; Mr. M'Nair, Osbournby; Mr. Prune, Rochdale; Mr. Shelley, Oldham; Mr. Wheeler; Mr. Holman, Lichfield; Mr. Deacon, Wolverhampton; Mr. Robins; Mr. Iliff, Chelmsford; Dr. Lyon, Waterbeck; Mr. Guest, Huntingdon; Messrs. Pearse and Co.; Mr. W. Blakeley; Dr. Speedy, Woolston; Mr. Andrews; Mr. Roade, Dartford; Mr. Davy; Mr. J. A. Nunneley, Leeds; Mr. Chambers; Mr. Bruce; Mr. Edgeworth; Dr. Walker, Hanley; Mr. Burnie, Nottingham; Mr. G. Munder, Dalston; Mr. Baines; Mr. Costin, Market Harborough; Mr. Taylor; Dr. Woodward, Worcester; Mr. Leach, Haywood; Dr. Hargitt, Walkley; Mr. T. Martin; Mr. White; Dr. Bell, Glasgow; Mr. Jones; Mr. Robinson; Mr. Horton; Dr. Hess; Mr. Mitford; Mr. Towle, Ripley; Mr. Pyle; Mr. R. Townley, Wareham; Mr. Chester; Mr. Fletcher; Mr. T. Davidson, East Linton; Mr. Clarke; Mr. Knott; Mr. Young, Burnley; Mr. Goddard; Mr. Kemp, Oldham; Mr. Royston; Mr. Douglas, Chichester; Mr. R. Fry, Wareham; Mr. Rogers; Dr. Crane, Hallaton; Mr. Vane; Mr. MacDonald; Mr. Brown; Dr. Garrett, Hastings; Mr. Pemberton, Birmingham; Dr. Wilson, Alton; Mr. Craven; Mr. Roberts, Coningsby; Dr. Sweeting, Stratford; Dr. Lever; Dr. Anderson, Coventry; Mr. Potter; Mr. Tomlinson; Mr. Bosworth, Sutton; Mr. Reeves; Dr. Duent; Mr. Scott; Dr. Collenette, Guernsey; Dr. Mackintosh, Callington; Mr. J. Brown; Mr. J. Whitworth, Tipton; Royal Institution; Hactenus; X.; M.R.C.S., Manchester; L.K.Q.C.P.I.; The Secretary of the College of Surgeons of Edinburgh; Medicus; Nemo; A Gentleman, St. John's-wood; M.; Epidemiological Society; W. H. B.; S. H.; A Subscriber for Eighteen Years; The Medical Officers of St. Mary's Hospital School; Machaon; An Assistant-Surgeon, Madras Army; M.D.; Junior; A Regimental Medical Officer; W. D., Birmingham; M.R.C.S.; The President of the Royal College of Physicians; An Old Subscriber; A Surgeon, Charleville; Studiosus; Fair Play; &c. &c.

San Francisco News-Letter, Edinburgh Evening Courant, Charles's Wain, Hereford Times, Scotsman, Food Journal, Brighton Gazette, Newcastle Evening Courant, Wolverhampton Chronicle, Derby and Chester Reporter, Annales de Dermatologie, La Santé Publique, North Wales Chronicle, Whitehaven News, New Orleans Journal of Medicine, Jamaica Guardian, Wilts and Gloucester Standard, and *Indian Medical Gazette* have been received.

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